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CENTRAL AMERICAN MEDICAL CURIOSITIES.

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Of New York.

(*Continued from page* 400.)

Common wax is used internally as an antacid, emollient and laxative. The dose is unspecified. "Yellow ointment," which is employed to stimulate granulations in chronic ulcers, is composed of six parts of wax, twelve of turpentine, and sixteen of lard. These are melted together, strained through a cloth, and while still hot the yolk of an egg is stirred into the mass.

Cypress wood is considered sudorific, diuretic and astringent, the latter quality being also attributed to the fruit. Wild plums are frequently used in place of tamarinds, by persons whose "intestines are torpid," and much benefit is claimed to have been derived from their use in putrid dysentery. Those affected with itch rub the diseased parts with the leaves, to obtain relief from the itching and burning. The gum is used as is gum acacia.

The cocoanut offers its milk as an agreeable refrigerant, especially before ripening, and it is recommended in affections of the bladder and active uterine hemorrhage. The "hair" of the ripe cocoa is boiled in water and the decoction strained and given to patients with chronic uterine flow.

The flesh of the nut is ground up with water and given as an expectorant. Inasmuch as green cocoanuts are always obtainable in Central America, I have known only foreigners to assault their stomachs with the ripe flesh.

The leaves of the wild borage (Borago Sylvestris) are boiled, in the proportion of an ounce to three pints of water, and given in "side-ache" (pleuritis?) rheumatism, smallpox and measles.

Cabbage juice mixed with bread crumbs makes a poultice which is applied to the forehead and temples, to cure headaches.

Cumin seeds "are the most efficacious remedy for ventosities of the stomach." They also excite the sexual appetite, and are useful in tenesmus, when this symptom is not connected with bloody alvine discharges.

Contrayerba (several species of dorstenia) excites perspiration, comforts the heart (*i. e.*, is a sedative), and is an antidote to coagulating poisons, to malignant fevers, to worms, and to snake poison. A half teaspoonful of the powder is given in divided doses through the day.

Copalchi bark, in infusion, is extensively used as an anti-periodic, to cure acidity of the stomach and in slow digestion. It is highly praised as a remedy in hydrothorax, yet those who would use it are warned that it will do harm, and even produce dysentery, in cases where the stomach or liver is inflamed. The bark is chewed, to preserve the teeth. Splenitis is treated by wearing a plaster on the abdomen, composed of a combination of equal parts of powdered copalchi and soap, to which enough lard is added to make it easily extensible upon a cloth.

The juice of the coyol, a fruit somewhat like the tamarind, is said to be aphrodisiac, stimulant and diuretic. It is used to stimulate the

menstrual flow, to cure sterility in females, and to purify the blood. It is reprobated in cases affected with any disease of the thorax.

The leaves of crespillo or cabello de ángel (angel's hair), an agaric, are ground and applied over parts which it is desired to blister. Inasmuch as the deep burn produced is never followed by urinary trouble, the plant may be worth investigating. As a blister, however, it is not entirely reliable, inasmuch as in the crude manner it is used its time of action is extremely variable.

Deer horns are recommended in jaundice, intestinal worms, fevers, melancholia, nervous affections in general, and dysentery. The ash of burnt horns, two tablespoonfuls in rice water, twice a day, is used as a sudorific, to limit hemorrhages of all kinds, and as an antacid. In other affections the deer horn filings, one ounce, are added to a quart of water, boiled down to a pint, which is the daily dose.

Culantrillo (*Adiantum capillus veneris*, L.) in infusion, is given to parturient women, to abbreviate the enforced marital separation.

Coriander seeds are employed as carminatives, and to correct foul breath. Worn in a bag, near the throat, they are regarded as an amulet against all contagious diseases. A patient who consulted me for gonorrhœa, said that the prostitute who infected him must have been "very poisonous," because she had succeeded in overcoming the power of his bag of coriander, tied to a string around his neck.

All snakes are presumed to possess curative virtues, but I know only of three kinds being used. The masacuate (chicken snake) is eaten by all, and especially recommended to convalescents. Powdered toasted rattlesnakes, in half teaspoonful doses three to four times a day, are recommended in low fevers, syphilis and skin diseases. A soup made of this snake is used for the same purpose.

Atrophied and contracted limbs are rubbed with the fat of the boba, a small snake, said to be very venomous.

Infusion of peach-leaves (1½ oz. to 8 ozs. of water, boiled down one-half), is recommended as a mild purgative and vermicide. The adult dose of this infusion is four ounces during the day.

The moss which grows on oak-bark is recommended for whooping-cough. Acorn tea is "buen remedio" for all forms of phthisis, and an orgeat made of ground acorns is beneficial to those "whose cough is accompanied by a throwing out of blood."

The powdered fruit and gum of the espino blanco (cratœgus oxycantha), enjoy the reputation of healing ulcers on the genitals and in the mouth, locally applied, while a soup made of the root is an infallible remedy for snake-bites. The patient is bathed in the soup, and given large doses of the same. The same soup is also beneficial in chronic coughs. The cimaba cedron is extensively used as an antiperiodic and an antidote to the bites of venomous snakes and rabid animals. I have used it as an antiperiodic in a large number of cases, and always with satisfactory results. I cannot, however, testify to its efficacy in pernicious fevers, as I have never been so placed that quinia was not at hand, and did not believe myself justified in experimenting where life was in danger. Those who may desire to test the usefulness of this drug can easily obtain samples of an excellent and reliable solid and fluid extract by addressing "Licenciado Eduardo Bendfeldt, Escuintla, Republica de Guatemala, Centro America."

"Friega-plato" is a plant, the botanical classification and the virtues of which I have not attempted to investigate, as it is claimed to infallibly cure syphilis, *even in poultry*. I am not only willing, but anxious to learn all that may help me to relieve the affection with which I have been most thrown in contact, and I pride myself that I have not treated a patient who has not enjoyed my fullest sympathy, yet I must confess that when hens act disreputably, I am not humanitarian enough to desire to relieve their sufferings otherwise than by instant death. "Friega-plato" I heard of through cases which came to me for treatment, and who had invariably used it ineffectually.

The actual cautery is used in snake bites, in malignant pustules, fungoid granulations and chronic ulcers. Broad pieces of iron and steel are also used for blistering, by heating them and holding them over the part affected until a large vesicle is produced.

The chick-pea (cicer arietinum), in decoction, is recommended as a vermicide, a diuretic, in gravel and stone.

Beeves' foot jelly is given convalescents, and is asserted to cure chronic metrorrhagias and fevers which are dependent upon debility.

Ginger, which grows wild in nearly all parts of Central America, and is almost invariably excellent, is recommended as a general tonic and to cure dropsies. In pleurisy, it is used externally, the powdered root being mixed with equal parts of black pepper, and made of the consistency of a plaster by adding albumen. It is then extended on a cloth and applied to the painful part.

Cochineal is said to be astringent, sedative (especially in children's coughs), diaphoretic and antiperiodic. It is also recommended in dysentery and threatened abortion. It is ground with equal parts of sugar, and 20 to 40 grains of the powder are given with simple or acidulated water.

Infusions of the flower, fruit and bark of the pomegranate are recommended in diarrhœas and leucorrhœas, and the derma of the fruit is powdered and given in twenty-four grain doses thrice daily, as an antiperiodic.

As a vermicide, it is used with frequent success as follows: Two ounces of the fresh epidermis of the pomegranate root are scraped into eighteen ounces of water. This is boiled down to twelve ounces, and eight tablespoonfuls are given every half hour, fasting.

A very complete account of the use of guaco in Central America is found on page 1659 of the U. S. Dispensatory, 1878. To this I would add that those who go into parts where snakes are said to abound, daily drink an ounce or two of the juice expressed from the guaco leaves, and anoint their bodies with the same, claiming to thus enjoy immunity. It has also been used in the same way as a prophylactic against cholera.

Ox bile is considered a tonic for persons afflicted with any of the dyspepsias, and is said to cure jaundice. In either case twelve grains, partly dried in the sun and mixed with an equal quantity of soap, is made into pills and taken during the day.

It is dissolved in warm water and injected into the auditory canal, in suppurative otitis, "when the pus is yellow."

Iron filings are used in all possible affections, but are particularly recommended in dropsies, amenorrhœa, anæmia, hysteria, sterility, leucorrhœas and splenitis.

The filings are given in six-grain doses, mixed with sugar, twice daily, as a rule, and they are first exposed to the sun and dews on a white plate, for eight continuous days. They are then triturated with sugar and given as above detailed.

Castor oil, besides its usual employment, is praised as relieving the headache incidental to acute catarrhs, if a bandage is anointed with it and worn about the head for several days. A poultice is made of the beans, ground and mixed with oil, and is tied over the region of the spleen, to cure inflammation of this viscus.

All parts of the hypericum perforatum are used in infusion, one-quarter of an ounce of the chopped plant to each dose in hysteria, hypochondria, rheumatism and hæmoptysis.

Soot is given in drachm doses, in coffee, as a vermicide, and is beaten up with albumen and thus used in herpes and tinea.

Ants of all kinds are famed for their curative properties in impotency, apoplexy and dysuria, and to relieve paralyses. In the latter affection, they are crushed and applied as a poultice to the affected part. The sexual organs are said to receive additional vigor from being frequently rubbed with ant-oil, which is made by endeavoring to drown four ounces of ants in two ounces of any oil, sealing the bottle, and after exposure to the sun for twenty successive days, straining.

The "Spirit of ants," as it is called, is made by catching half a pound of ants during the "increasing quarter of the moon," in June or July, and soaking them for eight days, in twelve ounces of strong aguardiente, during which time they must be exposed to the solar rays from sunrise to sunset, and shaken every hour. The "spirit" is then filtered and given in 40 to 50 drop doses daily.

Eggs. The albumen mixed with water, with or without sugar, is prescribed in dysentery and in "biliousness." The ground shells are prescribed in about half drachm doses, twice a day, in pyrosis.

Goitre is very frequently seen in the mountainous districts of Central America, and I have known patients to anoint their bronchocele for months with a salve composed of two parts of eggs and one of fresh lard, without any benefit, of course. Yet they persist, notwithstanding their failure, and lay the flattering unction to their souls (and goitres) that they are doing the proper traditional thing.

The delicious flesh of the iguana (*I. tuberculata*, also called guana, huana, iguano and iguanha) is recommended in syphilis, especially in secondary eruptions. It is yet more highly lauded in cancer. Professionally, I have not used it, but unprofessionally have frequently eaten it, and consequently can recommend it to all as being far more delicious than frog's legs.

Magnetized iron is said to have relieved headaches, toothaches, and rheumatisms, by being passed over the painful parts.

Several species of gourds, called jicaros, are used in medicine. The rind is boiled, or the seeds emulsified, and the juice made into a sort of electuary. For all of these anti-syphilitic virtues are claimed. I have used them as expectorants, in those regions where drugs were few; I almost said "fortunately few."

The newt or Eft (Sp. lagartija), like nearly all of the lizards, is praised as a remedy in cancer, syphilis and skin diseases. Buboes are treated

by opening the thorax and abdomen of the lagartija and fastening it over the swollen gland, to die there. The skin, removed with the fat, is applied, while fresh, upon parts where foreign bodies have penetrated the skin.

Milk, as an aliment, is considered to produce intermittents, stupidity, sadness, indigestion, diarrhœa and constipation.

As a remedy, milk is used in poultices and fomentations, in preference to water; it is given by the mouth and rectum in dysenteries and diarrhœas, in the latter with lime-water.

Whey "refreshes and softens the abdomen," therefore it is very useful in hot fevers, scurvy, epilepsy, insanity, and cancer of the breasts." In dysentery it is administered with manna, with tamarinds in bilious fevers, with alum in hemorrhages, with sulphur in itch and hemorrhoids, and warts wetted with whey are said to be cured.

Fresh cream is used in burns, scalds, and as a dressing to parts that have been blistered. It is usually applied on young plantain or banana leaves.

Goats' milk "does not cause sadness," and is frequently given to children and convalescents.

Mares' and asses' milk are much used by debilitated persons, and in extreme cases human milk is employed. The juice of lettuce, strained and given in three to six tablespoonful doses, is used as a sedative, but not with constant effect.

Lye of wood-ashes is employed in the bites of venomous reptiles and rabid animals, and the stings of insects. In scaly skin diseases, fissures of the skin and callosities, lye is used locally, while sarsaparilla, generally in decoction, is given, and the patient abstains from the use of pork, acid foods and spices.

That species of mistletoe which grows about orange-trees is praised as a remedy for epilepsy and nervous affections in general. It is dried and powdered, to be given in drachm doses twice daily.

Sweet limes, which to the foreigner taste like juicy, flavorless oranges, are much used in pyrosis, ardor urinæ, and in injections in colics. In "earache" some drops of sweet lime juice are instilled into the auditory canal, which is afterwards plugged with cotton.

It is considered a "cold remedy," consequently is prescribed in all affections concomitant with heat, whether atmospheric or personal.

Limes (*Citrus acris Miller*), of a most exquisite flavor, abound in nearly all parts of Central America, while the lemon is comparatively rare. As far as the range of pathology goes, the lime-juice is used both locally and internally. Its most frequent employment is in alopecia, affections of the eye—imagine lime juice squirted upon an inflamed conjunctiva!—scurvy, jaundice, and with wine in putrid fevers, cholera and all asthenic affections. An infusion of the bark and seeds is given as a stomachic and carminative.

In gastritis and enteritis, lime-ade with gum arabic is given, warm, in ounce doses, every two or three hours.

Slices of limes are tied upon the umbilicus in dysuria, and are similarly used upon buboes, but for this affection they are toasted before being applied.

Lime-juice, mixed with wood-ashes, is rubbed upon inflamed joints.

After the Indians remove the jigger (nigua, chigoe, chique, sarco psylla penetrans) from their feet, they instill a few drops of lime-juice into the space left, and then fill it up with cigar or cigarette ashes. Whenever I performed this little operation upon myself, I omitted the lime-juice.

(To be Concluded.)

CLINICAL STUDY OF INEBRIETY—RATIONAL METHODS OF TREATMENT.

BY T. D. CROTHERS, M.D.,
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The aim of all treatment is to build up healthy functional action of the mind and body. This will not follow from the applications of medical means alone, nor the absolute restraint of locks and bars, or by appeals to the will and emotional faculties.

Rational treatment for inebriates is simply rational means to meet diseased action along the line of laws and by the use of forces which may be understood. Take the question of the honor of the patient under treatment, his word or promise that he will not take spirits when he is exposed to temptation.

One class of observers are confident that the best results can only come from a full coöperation of the patient, and by placing him on his honor, thus stimulating the will to guide and restrain the diseased impulses. Other persons equally competent deny the value of such means, and under no conditions and circumstances depend on the honor or will of the patient, but insist that his will is injured by stimulating it in this way. Yet as a rule all patients are clamorous, after a few weeks' treatment, to be trusted, as if they would like to see how far they could go and not fall.

In many cases the nervous paroxysm previously mentioned takes this form of excitement, insisting that restraint indicates want of confidence, hence depression, wounded pride and ambition to help themselves and self-confidence to go alone, etc. Both of these views come from a limited knowledge of the whole subject, and both are therapeutically true in practice. In insanity, the will power or honor of the patients are rarely considered as a factor in the treatment, but in inebriety it is all important to take into consideration this element, and how far it influences the organism. Inebriety cannot be measured by the same standards of treatment that other disorders of the nervous system are, for the reason that it is a disease "on the border land," with a large physical element entering into every phase of its progress.

In many cases, after a few weeks' treatment, an irritative depression follows, from the application of restraint, which may not only provoke periods of nervous agitation, but counteract much of the good accomplished by other means.

When this continues for some time, a low form of delirium, with delusions, is apt to follow. The patient will intrigue to procure spirits, and have no ambition to aid or help the work of the physicians for himself and others. He will display a compound of reckless abandonment and mental feebleness, that seems beyond the reach of medicines. The treatment in such cases is of little value; after a few months he is discharged, and relapses at once, reporting the most willful falsehoods of the asylum work and its principles. This irritative depression in some cases never passes away entirely while under restraint, and may be a hint of continuous craving for spirits. Or it may be the result of continuous restraint and want of confidence in the patient's strength to help himself, or the absence of means applied to rouse up the will to greater exertions to aid the physician. If at the beginning of this condition the restraint is modified at certain times of the day, when the danger was least, as, for instance, for a few hours after each meal, it might disappear at once. The restraint in many cases should be varied; when in certain conditions the patient shows depressing excitement, he should be sent out on some errand or duty in which a certain dependence is placed on his honor to return at the time mentioned. This duty should be in the least exposed places, and one that demands exactness and punctuality.

This cannot be strictly called trusting to the honor of the patient, because it is coupled with some duty and work. The mind is not free to follow its own dictates, but is free to carry out the will of another. The application of restraint and trusting to the will of the patient may be illustrated in some cases from the daily records of the asylum.

Case 1 became very restless and excited at the absolute restraint which was continued many weeks after admission. This state developed into a low, nervous melancholy, which disappeared soon after he was given the daily task of procuring milk for the house, a mile away. The liberty and duty of this work was a constant tonic to his mind.

Case 2 showed marked signs of nervous irritation and exhaustion, suffering from frequent recurring paroxysms of restlessness, which passed away when he was sent on an errand with a carriage, daily, to the depot.

Case 3 was like the above, who was benefited by placing another patient under his care, for a walk about the country.

Case 4 at times was sent to the city on real and imaginary errands, with great benefit.

Case 5 was a dypsomaniac, and after the paroxysm, was given liberty to go and come at certain hours, and required to be exact and punctual. On the approach of the paroxysm he gave up to the restraint, and requested to be particularly cared for when the feeling had passed, and he went about as before.

Case 6 was a chronic of many years' duration, who at certain times, governed by his general physical condition, was trusted to go to the city on business. Within an hour after his return he sometimes became restless and needed positive restraint. The application of restraint and liberty alternately was followed by the best results, and finally a cure.

In these and other cases the value of liberty or modified restraint was governed by the condition of the patient and his apparent capacity to control himself.

This can be ascertained after some study and acquaintance with the patient, and is revealed by certain almost indescribable signs and symptoms, which are more or less certain and rarely misunderstood. The aim of the physician is to hold the patient and govern his surroundings with restraint enough to keep him from danger, and at the same time have his full coöperation and confidence. If this restraint is arbitrary, and not adjusted to the conditions of the case, it is irritating and damaging to the nervous system of the patient. At times it is stimulating and then it is depressing and injurious.

These are the cases that in a few instances do well by simply trusting to their honor or word that they will stop the use of spirits. It will be found that they are nearly all inebriates in which the use of alcohol was only a secondary exciting cause, and that some other morbid condition of body and mind provoked the use of alcohol.

In an asylum these conditions and actual causes are in a measure removed. Hence the little danger from the secondary cause, alcohol. In a certain case, where digestive troubles brought on the inebriety, the patient never drank, and was free from all danger of relapse as long as the stomach did its work properly. The moment an attack of indigestion came on he would give way to the least temptation. In another case, a man whose domestic relations are unpleasant will come to the asylum, and go about with full liberty in a day or so, and remain months perfectly sober, although frequently exposed to temptation. In three or four days after his return home he will relapse and make great exertions to procure spirits. Here the exciting cause was probably exhaustion, from mental irritation, from domestic trouble, which reacted in a desire for spirits.

There is another class who constantly relapse, under all circumstances, and who have no honor or pride that can be reached by trust. To them nothing but constant, sharp restraint is recogn zed as an effectual treatment. As a class they will be found inheriting a well-defined insane, and often an epileptic neurosis. Of defective brain and nerve power, they are usually chronic cases, of many years duration. They are among the repeaters who appear at all the asylums in the country, and relapse after all treatment, from the slightest occasion. They always manifest delusions of strength, and at the asylum are full of intrigue, and violate all confidence, relapsing with every chance. To them nothing but military discipline, that is exact and positive, is effectual. They must have removal from all exciting and predisposing influences, and every surrounding replaced by conditions of duty that is absolute. For instance, rules regulating their daily habits of life, medicines and other treatment to be given at different times, and all their work, and every event, regulated with mathematical precision; nothing trusted to their will. Such cases in the asylum, under a firm, sharp control, give way quickly and feel the stimulus of the place and management as a bracing tonic, which, if continued long enough is an important factor in their permanent recovery. These cases sometimes are benefited by the discipline of sea service, or roused up to make greater exertions by some enforced duty. Like all other cases, they are much exhausted, needing rest, building up, with the vigorous mental tonics. The following cases will exhibit some of the usual methods and results which follow from their treatment in asylums.

Case 1, with a marked inebriate inheritance, drank from puberty up to forty-five years of age. At this time he came to the asylum, and after several trials and relapses he was placed on a military system, which grew more rigid as he failed to meet its requirements. Under this he made a rapid recovery, and one year after went into the country house of his brother, who was very exact and positive in his requirements, and to-day is yet temperate and well. He has learned exact habits of life, and fully realizes their value in his case.

Case 2 was a chronic case, dating from a physical origin. He was with much difficulty kept under discipline, and relapsed with every opportunity, but was more easily managed in a semi-military system. He obeyed promptly all requirements when they were urged upon him, and had no disposition to vary as long as the laws and rules were strict. A few months after he went to work on a salary, but could never be trusted to go and come from the office to his home unless with some one.

Case 3 was a secret inebriate with a marked inheritance of insanity, who lived a double life of assumed temperance, but drank constantly in secret. At the asylum he apparently was the most anxious to recover, yet all the time resorted to every method to procure spirits. Every restraint was cheerfully accepted, and every liberty observed with outward care, and yet he always was ready to relapse with every chance. Finally he was placed under the most absolute restraint and watching; he changed at once, and was greatly improved. From this time nothing but the force of restraint that was thorough commanded his respect. If he brought in spirits he expected to suffer for it, and would do it again unless he was under sharp restraint. He seemed to need some combative force outside of his will to resist the use of spirits. These cases are generally incurables, or incapable of self control, and, like soldiers in an army, may be valuable to execute the will of another, and, under certain conditions, carry out a plan of treatment which will result in their temporary benefit.

No matter what the exciting or predisposing influences may have been, the treatment must be

based on restraint that is absolute and does not recognize the power of the patient to help himself. There seems to be a general enfeeblement, amounting almost to paralysis of the controlling power of the brain, which nothing but the will of another can direct or stimulate. The application of restraint for these two classes varies widely, and must depend on the character of the patient and the form of inebriety. In the absence of proper classification and knowledge of these cases they are treated alike, either trusting to their honor to a certain extent, or placing them well under absolute restraint, and the results are unsatisfactory. The superintendents of insane asylums who have a ward for this class, and treat them by absolute restraint, as the insane are, manifest surprise to find that many of them relapse as soon as released, and hence conclude that they are more vicious than diseased. They never realize that their treatment of these cases has been injurious and served to continue the very conditions which it sought to obviate. On the other hand, those who rely on the honor of the patient are continually amazed that so many cases relapse on every occasion, and seem to have no control over themselves. From this they conclude that nothing but supernatural means, from prayer or conversion, can avail, or that they are incorrigibly wicked, and must be punished in jails and prisons. The conclusion from the facts is, that a careful study of each case will point out the degree of restraint and liberty necessary to rouse up the organism to healthy activity. Also, that an asylum should be prepared to apply to each case the degree and form of restraint required, in surroundings that will be effectual. Not unfrequently a class of patients are seen who have a strong tinge of insanity. They are wildly delirious when intoxicated, and are always possessed of positive delusions. They are often kleptomaniacs, and generally more noted for their nerve instability and uncertain mental action. The treatment of this class presents many problems that turn on a thorough acquaintance with the history and nature of the case. Absolute rest and freedom from change are required in such cases, in addition to active medication, of which baths, the electric current, bitter tonics, are most valuable. They are made worse by excitement or appeals to their pride or honor. A private asylum is often the best place, for the reason that more positive quiet and rest can be had; also in many cases the active causes which are not forms of alcohol, can be removed more positively. These cases are most frequently inebriates because of some almost accidental physical condition, which gives the organism a direction towards inebriety. When crime is committed by this class, punishment in jails is always fatal, in the sense of precipitating them into more incurable conditions, or developing some form of insanity from which recovery is doubtful. In asylums the results of treatment are generally promising, but final cure depends on years of quietness and medical care under the direction of another. They are on that mysterious border land that divides sanity from insanity, where all human actions and judgments are uncertain. Often they are mere victims of the surroundings and conditions of living that change with these influences. In many cases marked intellectual disturbances precede the use of alcohol, and inebriety is the result of these defects. For instance, a hypochondriac will reason that alcohol contains some food element needed in the body, and as the natural consequences of his experiment, he is soon an inebriate. At the asylum the treatment must have special reference to these mental changes. Peculiar mental conditions may appear after inebriety has come on, and in the treatment must be recognized and studied. As an instance, a patient has intense egotism and confidence in his ability to perform things that are almost impossible. He reasons keenly that his inebriety is the result of some special physical condition which can be readily removed.

In the treatment an advisory control is assumed, and only absolute restraint is exercised when essential. Great care is necessary to make the methods of using remedies impressive and exact, and to magnify their importance and the results to be accomplished on the patient's mind.

Delusions of persecution are common, and although less pronounced than in the insane, have an important bearing on the progress of the case. Dietetic delusions are also common, and persistent.

The impulses to overeat or to use some one article of food to satiety, are common. The inordinate thirst at times, like a form of mania, takes possession of the mind; all these are factors, whose removal and care requires the attention of physicians.

The success of all treatment depends on a knowledge of the mental and physical conditions present, and the administration of remedies and measures which will meet and break up these conditions.

—Dr. Dorin has just died, at Châlons-sur-Marne, nearly ninety-four years old.

A PAINFUL SCAR REMOVED FROM A THIGH-STUMP, AND ITS SITE COVERED BY A TRANSPLANTED FLAP.

BY J. S. WIGHT, M.D.,

Professor of Operative and Clinical Surgery at the Long Island College Hospital.

A. L. Gagnon, M.D., of Massena, N. Y., in active professional business, married, and forty-five years of age, on the evening of the 25th of August, 1879, was kicked on the calf of his left leg, by a vicious horse, so that there was a compound comminuted fracture of both bones of the leg. An effort to save the limb failed; gangrene supervened about the seventh day after the injury. The leg was amputated on the 2d of September, about five inches below the knee joint. The ligature on the anterior tibial artery included the accompanying nerve, and was removed about ten months after the amputation. The posterior flap sloughed, but in about six months healed up, leaving a large scar. In the meantime, pieces of dead bone came out.

On 16th of November, 1880, the limb was amputated again. An anterior flap, four inches long, was made; there was no posterior flap made; and the extremities of the condyles were cut off, leaving on the inside of the stump a sharp prominence of bone. The operation was performed after the method of Carden. There was severe hemorrhage during the night, and the next morning there was great tension on the stitches, so much so that they were cutting their way out. The flaps were opened, when it was found that the blood came from the articular arteries. The posterior tegumentary tissues retracted very much, leaving a large space to heal by granulation; union was not complete till the next June, some seven months after the amputation; during all this time the pain was severe and constant. But after the amputation wound healed up, the pain was severer than before, requiring large doses of morphine for its alleviation. In the meantime the doctor attended some office and some general business. Gave up the use of morphine in September, 1881, and resumed its use again in March, 1882.

In November, 1880, the Doctor went to Montreal and consulted Prof. Fenwick, who advised resection of the stump of the first amputation. The operation was not performed. In July, 1881, the Doctor consulted Prof. Fenwick the second time, while the stump of the second auputation was healing, after a temporary ulceration. An operation was not advisable at that time.

In July, 1882, the Doctor saw Prof. Hamilton, of New York, in regard to this very painful stump. The Professor was inclined to let the stump alone; but was willing to operate at the Doctor's request; yet he did not think an operation would do much good.

On the 11th July, 1882, the Doctor came to my office to consult me about his painful stump. My advice was to submit to one of two operations: (1) To have a thorough resection of the stump, in fact, a reamputation, leaving abundant flaps; or, (2) To cut off the painful scar-tissue, remove the projecting part of the internal condyle, and bring down from the thigh above a flap to cover the place whence the scar was to be removed. The doctor did not desire a reamputation, but preferred the plastic operation, which I performed on the 13th July, 1882, assisted by Drs. Burge, Snively, Brown and Dickinson, in the following manner: The healthy and normal integument still covering the internal condyle was detached from the condyle, by means of a semi-circular incision, far enough to permit the removal by the saw of a piece of bone, one and one half inch in diameter and over one-half inch in thickness, leaving a smooth surface of cancellous bone on a line with the shaft of the femur. There was normal integument enough to cover this surface. The scar and subjacent bone on the posterior aspect of the stump were removed by the knife and saw, the piece being about one and one-half inch in diameter and about one-half inch in thickness, leaving a smooth surface of cancellous bone on a line with the shaft of the femur. This surface was covered by a large flap taken from the posterior aspect of the thigh above. An incision was made upward on the outer and posterior aspect of the thigh, about six inches. Then the incision was carried downward and inward about three and one half inches, leaving a very broad pedicle to a large quadrangular flap. The edge of the flap looking outward was brought down and stitched to the edge of the integument across the posterior edge of the end of the stump, the entire end of the stump having an excellent covering of normal integument. A moderate-sized space was left above, on the posterior aspect of the thigh, where the flap came from, that was uncovered by integument.

The following points in the subsequent history of this case may be noted:—

1. The morphine habit of the patient was such that, on the 17th July, for instance, three grs. of morphine were administered hypodermically.

From this time till the 27th of July the morphine was daily diminished. Pure water was injected hypodermically in place of the solution of morphine, from time to time, and after the 27th of July all morphine was withheld, and the injections of pure water continued. On the 10th of August the patient was informed of the fact that he had not had any morphine for the previous two weeks, and then he concluded that he did not need any more, as he was doing so well without it. I am indebted to Dr. Brown for the faithful carrying out of this part of the treatme e

2. A small portion of the transplanted flap sloughed away about the 20th of July, leaving enough tegumentary tissue to cover the posterior surface of the end of the stump, so as to have only a line of scar-tissue across the posterior border of the stump end, where the large and painful scar was before the plastic operation. By continuous and daily application of adhesive straps the tegumentary covering on the stump end was carried somewhat backward and upward, to meet more completely the edge of the transplanted flap. Also the tegumentary edges above were more and more approximated, till they nearly came together.

3. On the 15th of August the Doctor left the hospital and went home. For some days before going he had walked with his crutches about the hospital, and the grounds of the hospital, and had visited some friends in the city. His general condition had improved very much during his stay in the hospital. He had been greatly relieved from pain, and the future looked bright and more hopeful. He had now a stump, or would have when it was all healed, to which an artificial limb could be fitted. Some time after the Doctor reached home he wrote me a thankful letter, informing me of the good progress he was making. And at the present I think I may write that the case has turned out far better than I could possibly expect. And if another case of painful stump presents itself, I will venture to perform another plastic operation.

—The death of M. Davaine, well-known from his discovery of the bacillus of "Charbon," is announced. Many of his most important works won for him prizes from the Académie des Sciences; among the most important are his *Traité des Maladies vermineuses chez l'Homme et les Animaux*; a *Memoire sur la Contagion du Charbon chez les Animaux*; and *Travaux sur la Septicémie.*

Hospital Reports.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

CLINICAL LECTURE BY WILLIAM PEPPER, M.D., LL D.,

Professor of Clinical Medicine.

Reported by Wm. H. Morrison, M.D.

Cancer of the Stomach.

Gentlemen:—I had until recently under my care a lady of about middle age, suffering from tinnitus in the left ear, evidently depending upon some subacute inflammatory change in the middle ear. At times, it seemed to threaten development into Menière's disease, *i. e.*, attacks of vertigo associated with tinnitus, but I cannot say that it ever fully assumed this character. She appeared to be benefited by a course of treatment which consisted in careful attention to hygiene and diet, the prolonged use of quinia with iodide of potassium and counter irritation over the mastoid process and the nape of the neck.

Last spring, while feeling unusually well, she began to complain of a great deal of gastric distress. This was most marked after eating. It appeared to be relieved by a prescription containing pepsin, and the omission of all other remedies, but it soon returned. There was never any vomiting. Examination of the abdomen showed tenderness, but no thickening or hardening could be detected. She came of a healthy family, her mother living to the age of 82, and as far as could be discovered, no member of the family had suffered from malignant disease. There had been no sufficient cause to explain the development of gastric pain; and I therefore, for a time, hoped that it might prove to be a case of gastralgia, which her anæmic condition rendered not improbable. I had, however, observed that it differed from a gastralgia in two particulars. In the first place, the taking of food, instead of affording relief, increased the distress. In simple neuralgia of the stomach, we generally find that the ingestion of food relieves the pain, which again appears as the stomach becomes empty. In the second place, the pain was constant, instead of being paroxysmal, as is usual in gastralgia. I therefore suspected the existence of a gastric ulcer. There was, however, no vomiting, the amount of tenderness was not extreme and the occurrence of simple gastric ulcer in a woman whose surroundings were favorable, who had good food, and who was free from all care, is unusual.

I refer to this case particularly, because we, as physicians are so much in danger of overlooking those grave diseases which develop in our patients immediately under our eyes. We may be attending a patient for some condition, and he begins to complain of this or that symptom. It is either treated lightly or referred to the existing disease. In this way grave diseases sometimes develop, while the physician in attendance does not recognize them, or attributes the symptoms to some preëxisting condition.

As the spring went on, finding my attempts to relieve this pain were unsuccessful, I put the pa-

tient to bed and gave her an exclusive diet of milk, in small quantities at short intervals. I also gave her alteratives, such as bismuth, nitrate of silver, minute doses of carbolic acid, with soda, valerianate of zinc and various other preparations, hoping to relieve the gastric distress; but nothing afforded relief, and she became thinner and thinner. About the middle of June I went away, leaving her under the care of Dr. James Tyson and Dr. Judson Daland. When I returned I found that she had died, and that an autopsy had been held, and that the specimen now before you had been removed.

I propose to examine this with you to-day. The case, as you will have inferred, proved to be one of malignant disease of the stomach. On examining the stomach, I find a number of ovoid masses. I wet one of these and it presents the appearance of a round-cell sarcoma, but a naked eye examination is not sufficient to decide this point. It is, however, some form of neoplasm. I may as well say here that you will often be struck, no doubt, with the laxity with which I use the terms sarcoma and carcinoma in my clinical lectures. The truth is, that the differences between these growths and their minute sub-divisions, as they affect internal organs, is a matter of far greater consequence to you as microscopists and pathologists, than it is to you as physicians. You have a patient in whom the symptoms and the progress of the case show conclusively that some neoplasm has developed in the stomach. That growth is going to kill the patient. The question whether it is an epithelioma, a cylindroma, a carcinoma, or a sarcoma, while of interest in the subsequent microscopical examination, does not alter the prognosis or influence the treatment. I do not use these terms in this manner because I disregard the importance of the study of these minute distinctions between the different forms of tumors: for these distinctions are of extreme importance when we come to consider tumors involving the superficial parts, where they are open to digital examination and operative interference. There we have a different history as regards recurrence after operation, as regards the tendency to extend to adjacent parts, and as regards the formation of secondary multiple growths. A consideration of the minute anatomy is of great importance in external tumors, but in the case of neoplasms affecting internal organs, as the liver and stomach, the same importance does not attach to these minute differences, nor are we able to make them.

As I have said, there is hypertrophy of the glands lying in the curvature of the stomach. This enlargement of the glands extends downward, involving the glands around the aorta and along the spinal column. On section they all present the same general characteristics. They are grayish yellow, sometimes of a pinkish tinge, fleshy, without much juice on scraping, and evidently the seat of some neoplasm.

The stomach itself has undergone remarkable changes. It is exceedingly small, and looks like a contracted, old, diseased, urinary bladder. If filled to its utmost capacity, it would not contain four fluid ounces. The inner surface is discolored and presents a worm-eaten, trabeculated appearance. The walls are thick and rigid. On section they are found to be extensively diseased and the seat of malignant infiltration. There is fusion of the coats of the organ, particularly of the peritoneal, sub-peritoneal and muscular tunics, the mucous coat being less affected than the others. The external and middle tunics are fused into a hard, gristly mass, not less than one-third of an inch in thickness. There is not as much hypertrophy of the muscular layer as we often find, especially in cases where there has been pyloric obstruction. In the present instance the pyloric orifice is not at all obstructed. It is sufficiently large to admit the thumb. As I have said, the mucous membrane is much less involved than the external coats. There is no ulceration of the stomach, and no fungous mass projecting into the organ. This is a remarkable case, and the appearances presented are very unusual.

You see how they account for the symptoms described. There was no pyloric obstruction, and there was, therefore, no vomiting. Vomiting, in cancer of the stomach, occurs most commonly as the result of the attempt of the organ to propel its contents through an obstructed pylorus. This is the reason why the vomiting presents the peculiarities of coming on a certain interval after the ingestion of food, of occurring when the food has reached a certain stage of digestion, and of being followed by complete relief. In other cases of gastric cancer, there is an ulcerated, irritable surface, and the contact of the food against this surface excites vomiting. In such case, the vomiting resembles that which ordinarily occurs in simple gastric ulcer. There was here neither pyloric obstruction nor ulceration of the mucous membrane.

Again, I never was able to feel any lumps or hardening in the epigastrium, on the most careful palpation. The stomach was so contracted that it must have been far back and above the margin of the ribs. Towards the very close of the case, Dr. Tyson thought that he could detect a tumor. This is often the case. While during the earlier periods, and on towards the close, no tumor can be felt, yet, when the patient emaciates to the last degree, and you are able to press your fingers against the spinal column, you may then find a tumor; but in some cases where the glands were not much enlarged, I have felt until the day of death, and have been unable to discover any tumor in the epigastrium.

When you come to study closely the diagnosis between cancer of the stomach, simple ulcer of the stomach, and chronic catarrhal inflammation of the stomach, you will find that there may be in all of these pain, progressive wasting and anæmia, and you turn to the question whether there is vomiting of such character as to indicate mechanical obstruction or ulceration, and whether a careful examination reveals hardening, thickening or a definite tumor, in order to establish the diagnosis. If in the present instance you had depended on these points, the diagnosis would have been simple ulcer, or chronic catarrh. You can easily see, from this specimen, that in a certain proportion of cases you will have to base the diagnosis upon the age of the patient and the steadily progressive, down-

ward course, despite hygiene, dietetic regimen and judicious therapeutics. You do those things which, if it were a case of simple ulcer or of chronic catarrh, would be beneficial, yet you obtain no improvement, or, at the most, but a slight effect. The therapeutic test in connection with the steady march of the case and the age of the patient, will in some cases constitute the sole basis of the diagnosis between malignant disease and simple ulcer and chronic catarrh.

I shall have these tumors examined by the microscope and report the result.

Calculous Pyelitis.

Our next patient is this man, 50 years of age, a native of Massachusetts, but who has been pursuing his occupation of shoe-cutter in this city. His habits have been fairly good. He has used malt liquors moderately. Five and a half years ago he contracted syphilis. This was followed by secondary symptoms. There is no history of hereditary disease on the father's side, but on the mother's side we have a rheumatic history. Ten years ago appear to have occurred the first symptoms which bear upon the present condition; at that time he had dull, burning pain in the lumbar region, burning on micturition and a deposit of brick-dust sediment in the urine. There is no history of any unusual exposure. The attack lasted six months, when he seemed to get perfectly well, and from that time until two years ago he had but little trouble; at that time the same condition returned. I do not find anything in the history of his manner of living, habits of drinking, or of any previous attack of disease, bearing upon this subject, with the single exception that on the mother's side we find the history of a well-marked rheumatic diathesis. His mother died of dysentery, but had passed blood with the urine and had suffered from occasional attacks of gravel. This is the only thing in the history bearing upon these attacks of gravel, with the discharge of uric acid and urates, from which he has suffered.

In addition to the pain, he has noticed the discharge of blood with the urine, in the form of little clots. The pain was usually dull; it never ran into the testicle; it was always worse on the left side and was occasionally accompanied by a sharp pain in the left renal region. During the past year he has been obliged to get up from two to four times during the night to urinate, the passage of urine being accompanied by scalding pain, which was at times very severe. For the past two months there has been a good deal of headache, with beating and throbbing over the back of the head.

Although the appetite has remained good, yet during the last two years he has lost twenty-five pounds in weight. There has been no vomiting. The heart and lungs are normal.

The urine is turbid and there is at the bottom a heavy, smoky deposit. A more recent specimen does not look so bad. Under the microscope the first specimen shows a great deal of blood, a moderate amount of pus, not much mucus, and a few crystalline elements. Some of the pus is old and granulated, and with it there are a few large masses, composed entirely of granular matter, looking like the compound granule cell which is found in old inflammatory exudations. They may be these cells, or they may be large, spherical masses, of granules of urates. It will require a careful chemical examination to decide this. The blood is not much altered in character. He has never passed little pieces of stone.

The most probable condition which would explain such a history is that of a gouty diathesis, with the formation in the kidney, from time to time, of deposits of uric acid and urates, and the formation, more recently, of a deposit of such large size that it cannot escape through the ureter, but is retained in the pelvis of the left kidney, where it has set up an inflammation of the pelvis, causing calculous pyelitis.

This is the most probable explanation of his symptoms, but as he has lost so much flesh, and has such an anæmic and cachectic appearance, it is necessary to examine him carefully, in order to be sure that there is nothing more serious than the disease of the kidney. I find a moderate amount of tenderness over the kidneys, especially over the left kidney. He has not noticed that sudden jars give rise to pain in the renal region, but they do cause distress in the epigastrium. It is not impossible that this pain is connected with the inflammation of the kidney. A deep-seated epigastric pain is sometimes seen in cases of calculous pyelitis; more commonly, you will find that the pain is distinctly referred to the renal region, and patients complain that riding in a jolting car, or over a rough road, or jarring the foot, excites pain in the region of the kidney.

After a careful examination, I can find no reason to suspect any more serious disease than the inflammation of the pelvis of the kidney. Of that I think there is no doubt.

In reference to the urine in calculous pyelitis, it always contains pus in varying quantities. It is not uncommon to find a layer of pus one-eighth to one-quarter of an inch thick in the bottom of an eight f℥ bottle of urine. This is unlike the pus of cystitis, which is mixed with so much mucus that if the bottle is shaken it floats as an almost solid mass through the urine. In calculous pyelitis, the pus is not associated with any large quantity of mucus, and is easily diffused through the urine, rendering it turbid. Blood is frequently present, in consequence of the laceration of the vessels of the delicate mucous lining of the kidney by the calculus. The amount of blood is usually moderate, but occasionally there is a marked tendency to hemorrhage. It may appear in the form of clots moulded in the ureter, but is usually diffused through the urine. On microscopical examination, you find the blood corpuscles exhibiting evidences of having been acted on by the urine, some being crenated, others large and swollen, with their color removed by the urine. Albumen is always found, but its amount is small. It differs in this respect from the albumen in Bright's disease, where the amount is often considerable. In calculous pyelitis, the amount of albumen bears a definite relation to the amount of pus and blood. Where pus exists you will always find albumen, because the liquid in which the pus corpuscles float contains albumen. The same is true of the blood, the liquor sanguinis containing albumen. Where

there are both pus and blood, there may be considerable albumen.

No tube-casts are found. Occasionally in such cases there will be found transparent cylindrical bodies looking like tube-casts, and I presume that they do sometimes come from the tubules of the kidney. They are casts of mucin and of coagulable fibrinogenous matter. They are rarely present and are not associated with evidences of granular change, and contain no imbedded epithelial cells, as is seen in Bright's disease.

In calculous pyelitis there is no dropsy, unless the patient has become very anæmic. There may then be a little puffiness around the ankles on standing or walking. There are none of the secondary changes which are often associated with organic disease of the kidney, such as affections of the heart, retina and other organs.

Therefore, in a case of this kind, if you can eliminate cystitis, it will be easy to eliminate all the forms of Bright's disease.

The treatment of such a case must of necessity be unsatisfactory. It is impossible to dissolve the stone and thus get rid of it. You can hope only to prevent its increase in size, and that thus it will slowly disintegrate, be broken down, and come away in the form of minute granular debris. This does sometimes occur. The way in which we should be most likely to accomplish such a result would be by keeping the urine free from acidity, by preventing an excess of uric acid and acid urates in the system, by promoting rest, so that there should be as small a degree of inflammation as was possible, thus lessening the formation of lymph and pus which might become attached to the stone, leading to its increase in size.

At the bottom of successful treatment is a proper diet. If there is a decided tendency to an excess of urates, if the diathesis is marked, if the habits have been bad, if there has been indulgence in malt liquors to a considerable extent, a radical change will be required. Under such circumstances, if the patient is not very anæmic, a diet of vegetables and milk will be found of benefit. I think that animal food, and especially red meats, should be avoided as much as possible. The white meats may be occasionally allowed. Malt liquors and, in fact, alcohol in every form, should be entirely avoided. All articles of food which task the liver and disorder its action, as the oils and sugars, should be omitted; for we find that where the function of the liver is inadequately performed, there is a greater tendency to the discharge of urates and uric acid than is the case where the liver is acting freely. The diet must, however, be nutritious, for such patients are suffering from a chronic wasting disease, and are always anæmic. They bear a full diet of a suitable character. A diet consisting of the farinacea, milk, vegetables, broths and a small amount of meat, is the best. It is well to give three meals a day and a quart of buttermilk during the day, between meals. These patients must have absolute rest. It is useless for them to try to earn their living by hard work, for this increases the discharge of urates and causes fresh trouble. They should live in an equable climate. If they cannot change their residence, they must remain within doors in stormy weather. In addition to diet and rest, benefit will be derived from the use of alkaline diuretic waters. Some of these have a reputation as solvents for calculi, but I do not believe that any drug or any water has such an action. I believe that when the stone disappears, it is by a gradual disintegration. Undoubtedly these waters, by rendering the urine alkaline and increasing its quantity, will tend to prevent any deposition on the stone. At the same time, the discharge of this large quantity of urine is soothing to the mucous membrane, and tends to allay inflammation. Such waters as the Vichy, either the imported or the Saratoga Vichy, Bethesda, Wickasan, Pollen, and other waters of this class, are very useful. Many of these contain only a small quantity of mineral ingredients, but such as it is is alkaline, and is dissolved in a water of such purity and of such a pleasant character that patients can take large quantities of it. If the urine is decidedly acid, it requires a water containing a considerable quantity of alkaline salts, as the Vichy. If the urine is nearly neutral, a milder water will answer.

You will derive benefit from the use of alterative substances which, by being eliminated by the kidney have a good effect on the inflamed mucous membrane. If there is much pain and irritation, and a good deal of purulent discharge, uva-ursi, buchu, and drugs of that class will be found of service. You can change from one to another of these drugs, as may be necessary. They may be combined advantageously with alkalies, if you do not employ the alkaline waters. The bicarbonate of soda in combination with fluid extract of buchu constitutes a good alterative and alkaline remedy for these cases.

The amount of pain sometimes requires the use of an antispasmodic. Of these, the best is belladonna, which may be combined with the buchu. I have not found it necessary to use opiates, and, indeed, I should dread their use in such chronic cases as these. I have not had the same benefit from hyoscyamus and conium as from belladonna.

These patients often require a tonic and nutrient treatment, and no drug is more frequently called for than iron. It is difficult to say why a disease of this kind should be attended with such anæmia, yet, as a matter of fact, iron is usually indicated. In cases where the appetite and digestion are poor, the bitter tonics and mineral acids should be employed.

I shall put this man on the diet I have suggested, and let him keep at rest. I shall give him a teaspoonful of the effervescing, granulated, Vichy salt, in a glass of hot water, about two hours after each meal. The prima via will then be alkaline, and the water will be readily absorbed.

He will receive the following pill:—

℞.	Quiniæ vel cinchonidiæ sulph.,	gr.j
	Ferri et potassii tartratis,	gr.ij
	Acidi arseniosi,	gr.$\frac{1}{60}$
	Extracti ignatiæ,	gr.$\frac{1}{4}$
	Extracti belladonnæ,	gr.$\frac{1}{4}$
	Extracti gentianæ,	gr.j. M.

Ft. pil. No. 1.

Sig.—To be taken after each meal.

Lastly, counter irritation is of decided benefit

in these cases. I should advise counter-irritation, either by the application of antimonial ointment, or of dilute Croton oil, or of that which I believe to be the best counter-irritant in all deep-seated lesions, and the most agreeable to the patient, the actual cautery. I shall touch the skin over the kidney with the hot iron, which will keep up a counter-irritant effect for three weeks.

I shall have this man carefully weighed, continue this treatment for three weeks, and then see what effect it has produced.

Medical Societies.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Thursday evening, October 9th, 1882. The President, Dr. Jas. Tyson, in the chair.

Myxomatous Tumor of the Posterior Cervical Region.

Presented by Dr. Nancrede, for Dr. W. G. MacConnell.

The tumor was removed by Dr. J. H. Brinton, at the Jefferson College Hospital Clinic, some ten days since. The patient was a little boy, aged four years, whose parents had first noticed the growth about two years ago. Latterly it has grown with considerable rapidity. It was of firm consistence, lobulated and movable beneath the skin, giving the impression that it was a fibrous tumor. After removal, in addition to the above mentioned characteristics, it was found surrounded by a capsule, and on section looked somewhat suggestive of myxoma, still it was thought by some to be merely a fatty tumor, containing more fibrous tissue than usual.

Microscopic Examination by Dr. MacConnell.—Upon examining a frozen section stained with iodine, meshes of capillaries are seen, in the walls of which the endothelial cells composing the vessels can be distinctly seen. The aforesaid meshes contain the mucoid structure traversed by large, pale, fusiform cells, the processes of which anastomose with each other. In addition many leucocytes are seen, and interspersing the growth, in every direction numerous yellow elastic fibres are readily distinguished.

When presenting this specimen Dr. Nancrede commented on the rarity of such growths.

Dr. S. W. Gross said he had himself presented several gelatinous polypi of the nose, a number of years ago, which were most characteristic examples of myxomatous tissue. He could also recall a specimen of subcutaneous myxoma of the forearm, as well as the hæmatoid myxoma of the breast referred to by Dr. Nancrede. He was disposed to consider it the rarest of all neoplasms of the breast; indeed, he had never personally met with one, and when preparing his work on tumors of the breast, he had written to numerous surgeons throughout the country, who all replied that they had never met with one affecting the breast.

Dr. Formad remarked that he had exhibited a myxomatous fibroma of the labium some years since, and said that the peculiar milky appearance assumed by the fluid when such growths were thrown into alcohol was a good diagnostic point.

Dr. Shakespeare said that his personal experience as to the rarity coincided with that of Dr. Gross. This specimen is one of the rarest forms, as most of the fibrilla consist of yellow elastic tissue. The rarity of myxomatous tumors seems to him to have much bearing on the views of Cohnheim and others as to the etiology of tumors. The observers insist that all tumors spring from the remains of fœtal tissues not made use of in tissue construction, which remain dormant in their embryonal condition until subjected to some irritation, when they develop into the various neoplasms. Now, tissue practically identical with that found in myxomata pervades the fœtus. How, then, is it that portions of this do not remain, to give rise to myxomata? On the contrary myxomata are among the rarest of the neoplasms.

Specimens from a Man who Died with Brain, Lung, Heart, Liver, Spleen, Kidney and Bladder Lesions.

Presented by Dr. J. T. Eskridge.

The specimens showing the above lesions were removed from the body of a man aged 68 years. The patient had become deaf in the right ear thirty years before, while suffering from some brain disturbance. Attacks of jaundice, with gradually increasing permanent discoloration of the skin, had extended over a period of ten years. Since the early part of the year 1877, he had complained of incontinence of urine, an oppressed feeling over the hepatic region, dropsy in the feet and face, and a gradual loss of flesh and strength. The two years preceding his death he had been unable to work, but was only confined to bed five days. During the latter period his symptoms were, in the order in which they were developed, great prostration, scanty secretion of urine, blindness for twenty-four hours preceding repeated convulsions, loss of speech, and almost total inability to swallow, although consciousness was preserved until coma ushered in the death scene. His temperature (axillary) did not rise above 100.5°. The surface head temperature nearly equaled that of the axilla. No paralysis of the muscles of the face or extremities preceded death. The liver during life did not appear to be enlarged or altered in its outline.

The post-mortem examination revealed in the brain engorgement of the veins, with some effusion, slight pia-mater inflammation in the neighborhood of the fissure of Rolando, apparent degenerative changes in the left island of Reil and anterior portion of the left temporo-sphenoidal lobe; in the pleura and lungs old and numerous pleuritic adhesions, lobular and vesicular emphysema of the lungs, congestion of both lower lobes, and a nodule (probably cancerous) of the left apex; in the heart, fatty degeneration, dilated right ventricle and incompetent mitral valves, from ossific change; in the liver, multiple cancer, without an increase in size or a nodular condition of the organ; in the spleen, marked increase of fibrous tissue and atrophy of the gland to one-half or less its normal size; in the kidneys and ureters, the last stages of pyo-

nephrosis, the glandular tissue being nearly all destroyed; the pelves were as large as a good sized orange, and the ureters dilated so as to admit a man's thumb; in the bladder, great hypertrophy of the mucous membrane and decrease of the capacity of the viscus.

Primary Carcinoma of Pancreas and Liver.

Presented by Dr. E. T. Bruen.

The interesting features pertaining to this case are the age of the patient, 24 years, and the rapidity of the abnormal processes. These rendered the diagnosis of malignant disease doubtful, until the appearance of nodular tumors in the liver. The family history was free from hereditary disease. The commencement of the disease dated from September, 1881; death occurred on the 15th of January, 1882. At first the symptoms related solely to the digestive tract, such as a dull, heavy sensation after eating, with acid eructations and occasional vomiting. Subsequently sharp, cramp-like pains in the abdomen were a prominent symptom. After the lapse of a week there commenced general itching, and two weeks later the skin became yellow. This yellowness and itching never disappeared during the history of the case. At the autopsy the gall-duct was obstructed by the enlarged head of the pancreas, so that extreme dilatation of the gall bladder had ensued. This was probably the cause of the jaundice, and not the liver disease itself. The bowels were regular and the appetite good when first seen. The case then presented evidences of partial obstruction of the gall-duct, with digestive disorder, but without the symptoms characteristic of malignant disease of the stomach or bowels. By the middle of December, 1881, the liver dullness extended from the fourth interspace to three inches below the ribs, in the nipple line, and from the ensiform cartilage the line of dullness extended to within one inch of the umbilicus. The hepatic region was tender on pressure, especially over the epigastrium. The patient complained, about this time, of dull pain over the liver, with griping pain in the abdomen. The pulse was 76 per minute. He had lost four pounds since admission, and looked thin. About this time a small inequality was noticed in the surface of the liver, three inches above and a little to the inner side of the umbilicus. The spleen was enlarged. By January 7th the bosselation of the liver became distinct, and the enlarged gall-bladder, rendered irregular by gall-stones, presented a slowly increasing, elastic, tender tumor, situated to the right of the epigastrium and umbilicus. By January 12th the pulse became rapid, 130 per minute, the patient rapidly failed; death occurred January 15th.

Autopsy.—The pancreas was enlarged to double its size, the growth chiefly occupying its head, and compressing the common bile duct. Microscopic examination showed it to be schirrous carcinoma. The liver was thickly studded with nodules of medullary carcinoma, explaining the ante mortem bosselated feel of the organ. The gall-bladder was distended to twice its normal size, and contained a number of gall stones.

Remarks.—The duodenal end of the organ, as is usual, was the seat of the disease. In a paper on thirty nine cases of primary carcinoma of the pancreas, in St. Bartholomew's Hospital Report for 1881, jaundice is stated to be always present, while in twenty-four cases of secondary carcinoma this symptom was noted in but seven severe cases. This is presumably from the secondary growth occurring in some other portion of the organ than its head. Murchison says that the characteristic symptoms of carcinoma of the pancreas are pain in the pancreatic region, sensible tumors and persistent jaundice. To these Dr. Bruen would add intestinal dyspepsia, which differs in some essential features from the dyspepsia of organic disease of the stomach.

Dr. Musser remarked that he could vouch for there being a distinct tumor of the pancreas, as he was present at the autopsy. The case had been under his observation in the dispensary one month prior to admission to the hospital. On account of the age, he was puzzled as to an exact diagnosis, although confident that the cause of the jaundice was obstruction. He noted, among other symptoms, the intense itching of the skin, a point of importance, Sims says, in the diagnosis of obstructive jaundice from that due to suppression. In five cases of tumor of the pancreas he had lately seen, all were accompanied by jaundice.

Dr. Bruen called attention to the uncertainty of bosselation as a symptom of malignant disease of the liver. He had presented to this Society, only two weeks since, a liver exemplifying this condition in a marked degree, where nothing beyond cirrhosis in the stage of enlargement existed. The occurrence of carcinoma of the liver at so early an age, is unusual, although Dr. Pepper had shown a specimen of the disease to this Society some years ago, occurring in an infant.

Dr. Tyson said that there were two points in this case of great interest to him; firstly, jaundice in carcinoma of the pancreas; while it is a frequent symptom, it is by no means an invariable symptom. Seven years ago he presented to this Society the specimens from a case of primary pancreatic carcinoma, where no jaundice had been present, and six months ago he presented to the Society a specimen of enlargement of the head of the pancreas from a patient who also presented no symptoms of jaundice. Secondly, as to the diagnosis from cancer of the stomach, he had noted in his experience, as was mentioned in the history of Dr. Bruen's case, the absence of gastric symptoms. This negative symptom is of importance since the tumor is often detected in precisely the same spot in both these diseases. The absence of gastric symptoms with intestinal indigestion, irrespective of fatty diarrhœa, he considered the most reliable diagnostic points between carcinoma of the pancreas and stomach.

Spindle-Celled Sarcoma of the Small Intestine.

Presented by Dr. W. A. Edwards.

On September 23d, 1882, I was asked to assist Dr. W. F. Atlee in the removal of an abdominal tumor. The patient, æt. 48 years, whose menstruation had ceased at 31 years, first noticed the swelling in April last; on the day of operation she measured thirty-eight inches around the abdomen. The usual incision was made and the

tumor reached, when its surface was seen to be of a dark purple hue, with a net work of large veins ramifying in every part of its serous covering. A trocar and canula were introduced, but nothing but blood followed the withdrawal of the trocar. The sac was then torn open and its contents, of a soft, brain-like consistence, were emptied out. The growth was now turned out of the abdominal cavity. There was no distinct pedicle, but an attachment to the intestine, of about the size of a half-dollar, was seen. Dr. Atlee says, "when I emptied the sac of its soft contents, I examined carefully, with *extreme care*, the part fastened to the intestine, and my fingers passed into the intestinal tube." A silk cord was tied around the attached portion and the remainder of the growth removed. The omentum was attached to the growth for a space of two inches; this was ligated and cut away, and the abdominal wound was closed, etc.

Death occurred on Sept. 25th, at 4 A.M.

This growth sprang primarily from the submucous tissue of the small intestine, and grew with great rapidity, as the patient was only aware of its presence last April, and by September she measured, as above stated, 38 inches.

Microscopical examination of preparations taken from several portions of the growth clearly show it to be a spindle-celled sarcoma, and a most typical one at that. The small intestine is an unusual site for this neoplasm. As far as I am able to ascertain, there is no recorded instance of its occurrence in this situation. My friend, Dr. Formad, to whom I have shown the growth, concurs with me in this statement. On the day of operation I noted, as well as I could, the absence of all secondary deposits. The surrounding intestines and peritoneum were apparently normal, not even unduly hyperæmic. No post-mortem was permitted.

Chronic Parenchymatous Nephritis, Complicating Phthisis Pulmonalis.

Presented by Dr. Jas. Tyson.

My object in showing these kidneys is to illustrate the morbid anatomy of the renal complications which so frequently attends the later stages of phthisis pulmonalis. It is very well understood that when œdema of the feet and legs present themselves in cases of consumption, the end is not far distant, but the renal complication which is at the bottom of such œdema is often overlooked. It is, of course, not impossible that there should be œdema in the last stages of phthisis, from simple alteration in the composition of the blood, a watery state of it, but in the majority of instances it means that the kidneys have become involved. As to the form of disease affecting the kidneys it is acknowledged that it may be either lardaceous disease or chronic parenchymatous nephritis, but I think the impression prevails, it was at least my own until recently, that the amyloid kidney is the most frequent complication. I believe, however, that the chronic parenchymatous nephritis is more common, and it becomes a matter of interest, if not of importance, to be able to diagnose between these two conditions. It is well known that the microscopic and clinical characters of the urine in these two forms of kidney disease are often identical, so that no assistance is afforded by a study of the urine. The history of the case, of course, leads to neither particular form, but suggests both. One criterion only can I recall to aid us, and that is the presence of enlarged liver. So commonly associated is the enlarged amyloid liver with amyloid kidney, that the absence of it almost necessarily precludes the presence of amyloid kidney. At least, I am sure we would err less frequently if we were to consider all cases of renal disease attending consumption, unattended by enlarged liver, to be parenchymatous nephritis rather than lardaceous disease. It is true we often have enlarged fatty liver in consumption, but the degree of enlargement never reaches that of the amyloid liver, and hereafter I shall be inclined to consider all cases of renal disease complicating consumption to be parenchymatous nephritis, unless they are associated with enlarged liver, when I shall conclude that they are instances of amyloid disease.

Dr. Bruen considered that the passage of large quantities of urine and the history of specific disease or of prolonged suppuration preceding the kidney trouble, would warrant a diagnosis of amyloid renal disease.

Dr. Musser would ask whether the heart was hypertrophied and what was Dr. Tyson's experience regarding hypertrophy of that organ in cases of amyloid disease and of chronic tubal inflammation of the kidneys. If not too late he would like to call attention to the absence of cardiac hypertrophy with an infinite degree of obstruction in the renal circulation, in the case Dr. Eskridge had presented. This is in direct opposition to the view held by some that the hypertrophy of the heart is a sequence of the renal obstruction in chronic interstitial nephritis.

Dr. Tyson replied, that in this particular instance he did not see the heart and could not tell whether it was hypertrophied or not. The same law holds good for amyloid kidney as for chronic nephritis; if the case last long enough, hypertrophy is sure to be found sooner or later.

Ecchymoses of Mucous Membrane of the Stomach.

Presented by Dr. J. M. Barton.

The history of this case was that of chronic lung trouble. The stomach upon being opened presented an irregularly shaped extravasation of blood, about two thirds of an inch in diameter. The mucous membrane covering the effusion was healthy, as it was in the rest of its extent.

Dr. Tyson remarked that these effusions are not uncommon, but he had never seen them except in their pin-point form.

Dr. Roberts asked if there had been violent vomiting recently.

Dr. Barton replied that nothing of this sort had been observed for some months prior to death.

—A writer in the *Live-Stock Journal* says that sunflower oil is greatly used for adulterating salad oil. Its leaves are much used for adulterating tobacco. Its oil is unsurpassed as a lubricant, and soap made from it is unequaled for softening the skin.

EDITORIAL DEPARTMENT.

PERISCOPE.

Colic in Children.

The *Medical Times and Gazette* says: In a clinical lecture delivered by Hofrath Prof. Widerhofer, and reported in the *Allg. Wein. Med. Zeitung*, No. 22, we find the following observations:—

By the term colic we understand an intestinal neurosis originating in irritation of a chemical or mechanical kind, of the sensory nerves of the mucous membrane of the intestinal canal. The causes of this irritation arise either in a changed condition of the mucous membrane or in the nature of the contents of the canal. There may also occur purely nervous colic, wherein neither irritating ingesta nor a pathological state of the canal is present, excitement of the central organs being propagated to the nerves of the canal. In infants who are at the breast it is indigestible milk, and especially when this is too rich in fatty matters, that causes the colic; and when children during the first six months are fed with amylaceous food, before a sufficiency of saliva is secreted, colic is also produced. This occurs, too, when indigestible matters are swallowed, such as sand, small pebbles, etc.; and we have good opportunities of observing the operation of this cause in idiots, who often swallow such objects in great numbers. And here we have to meet the question, whether during the period of lactation the mental emotions of the nurse may not induce colic in the infant. It is beyond doubt that frequent mental emotions may induce colic with convulsions, which may be explained by the changes that are induced in the secretion of the milk. In the group of colics induced by irritation caused by the contents of the canal, must be included that caused by constipation, by worms, and by the presence of foreign bodies. Of the morbid conditions of the mucous membrane which give rise to colic, enteritis follicu losa may be especially mentioned, and then scrofulous and catarrhal ulcers, the worst forms being observed in intussusception. Pure nervous colic appears in diseases of the spinal cord, and it may appear in hysterical form, which is not so very rare, and also as intermittent colic, with as regular rhythm as in intermittent fever. We may also include metallic colic, which certainly occurs far more frequently in children than it is diagnosed, as might be expected from the frequency with which toys are made of or contain lead. As regards diagnosis, the purely windy colic produced by the collection of gases which distend the canal and irritate the sensory nerves, comes on with attacks of pain and with distention of the abdomen, ending with the expulsion of flatus. These attacks are paroxysmal, and are frequently accompanied by clonic convulsions, which may last for some minutes, and even for an hour or more. After the cessation of the paroxysm the child is either itself again, or may remain dull and feeble. In the intervals of the attacks there are no essential cer bral symptoms perceptible. The prognosis depends upon the nature of the cause, but it has been questioned whether a colic of itself alone may not prove fatal. Through the long duration of the accompanying convulsions, through the shock and the exhaustion of the nervous system, death may follow, and at the post-mortem no anatomical cause of the fatal termination can be shown. Hysterical attacks of colic especially concern very excitable children, usually nervous girls, and are characterized by violent pains, a drawn-in abdomen, slight convulsions, and obstinate constipation. In the treatment of colic we must first endeavor to remove the cause. In suckling infants, colic is especially apt to occur when the nurse's milk exhibits a large proportion of fat, and in such a case the nurse should be changed. In flatulent colic, oleum chamomillæ or fœniculi may be given, with a drop of tincture of opium, as an oleo-saccharate. In metallic and in hysterical colic, belladonna is the best means; and intermittent colic should be treated by quinine.

Cardiac Affections in Connection with Neuralgia of the Left Arm.

The recent session of the French Association for the Advancement of Science terminated with a communication on this subject, by M. Potain, the following abstract of which is from the *Med. Press and Circular*:—

It is well known that irritation of the digestive organs can produce, by reflex action, dilatation of the right side of the heart, or even of the left ventricle, and, in consequence, peripheric neuralgia. This will be shown in the following cases: 1. A soldier was wounded in the left arm and the limb was amputated. The healing of the stump caused a tension of the nerves, and the young man, long after his recovery, became subject to palpitations, suffocations and hypertrophy of the heart. Injuries of this nature are often followed by hypochondria. 2. Another young man had his forearm crushed, and this resulted in a comminuted fracture, with painful cicatrices. After great fatigue he became subject to palpitations and oppression, so that it was necessary to give up all violent exertion. He had all the symptoms of hypertrophy of the heart, and was also hypochondriacal. 3. A soldier had the left armpit pierced by a ball, and it produced a reaction when healing which prevented his extending his arm and necessitated forced movements, which caused great pain. The patient suffered from palpitations and oppression, and some time after M. Potain discovered that there was a considerable hypertrophy of the heart. Here are three cases of patients who, although with a perfectly healthy heart before the wound was received, suffered afterwards from palpitations and hypertrophy. Here digitalis was indicated. These symptoms differ from those in which the hypertrophy, being situated on the right side, is caused by irritation of the digestive organs. In such cases digitalis is of no use, but one must have recourse

to treatment appropriate to digestion. M. Verneuil also observed an analogous case. A patient from whom the left arm was amputated suffered great pain from the ends of the nerves of the brachial plexus fastened around the bone becoming compressed between the two during the healing of the stump. The patient suffered from hypochondria and cardiac affection. The resection of the arm was followed by cessation of the pain and the cardiac affection. M. Verneuil asked whether the left brachial plexus had not in every case a particular action on the heart, and consequently, if in certain derivative indications on this organ, it would not be better to act on the left arm than in other places? M. Duplouy has also seen a case of the same nature in which they had recourse to the extirpation of a neuroma, with success. M. Ollier also saw a case in which the pain, being in the leg, necessitated the resection of the internal saphena. This fact seemed to extend to the leg the remarks of M. Potain, with reference to the arm. The cases collected up to the present seem to demonstrate that the influence on the part of neuralgia of the left side is considerable; but one need not be surprised to discover that peripheric nervous injuries of the right side exhibit analogous phenomena. M. Leudet knew of an old woman who suffered from peripheric pains in right arm, and who, from time to time, and even when the symptoms were painful, suffered from palpitation, paleness and suffocation. This tends to prove that traumatic neuralgia does not alone take part in the etiology of these secondary cardiac affections, and that spontaneous neuralgia is also capable of acting in the same manner.

A New Material for Casts and Models.

In the *British Medical Journal* Dr. Anthony Bowlby thus describes his process. The articles used are Swinburne's prepared gelatine, 8 oz.; French chalk 14 oz.; honey, 26 fl. oz.; glycerine, 6 fl. oz.; that is, the proportion of 1 part gelatine, 1¾ French chalk, 3¼ honey, ¾ glycerine. Prepare a coloring solution: rub down half a drachm of carmine in half an ounce of water; to this add two and a half ounces of glycerine, and keep in a stoppered bottle; shake the mixture before use.

The French chalk should be perfectly white, and the honey of as light a color as possible ("Furber's Strained Californian Honey" and "Narbonne Honey" are the best). The cost of these materials will be about 7s.

The implements required are two large china pudding dishes, and two saucepans large enough to contain the same. Put all the gelatine into one of the dishes, and add plenty of cold water. Leave it to soak exactly half an hour. While the gelatine is soaking, weigh out the French chalk into the other dish, and add the glycerine. Stand the pots containing the honey in some hot water till it is fluid enough to pour; then add it to the mixture of chalk and glycerine. Mix all well together, and place the dish containing the mixture in a saucepan of boiling water; let it get nearly to boiling heat, and keep on stirring it gently.

To this mixture must now be added the coloring solution, sixty minims of which will make a good flesh color. When the gelatine has finished soaking, turn it out into a clean cloth, and wring out every drop of superfluous water; put it back in the dish, and place the latter in a saucepan of boiling water, over a fire or gas jet.

As soon as the gelatine begins to dissolve round the edges of the dish, pour over it all the hot mixture of French chalk, etc., and keep on stirring for fifteen or twenty minutes, over the fire, till the whole is thoroughly homogeneous; then remove the dish, allow the liquid to cool to about the consistency of treacle, and pour it into the mould. It is better not to use the freshly prepared material for casts, but to pour it out into flat dishes, and, after it has set, keep it for a week or two before using, when it may be readily melted by putting the dish containing it into a pan of boiling water. Should the material have been kept very long, it may be necessary to add a very little water, to faciliate the melting. Considering that it takes some time to set at the temperature of the body, it is not advisable to use the material for taking the mould, for plaster of Paris is in every way better. Moulds made of the latter material should be well dried and oiled, after which they should be painted with spirit varnish, and again oiled, before use. The cost of the material is slight, and the time occupied in making a considerable quantity is about one hour, or rather more.

Casts thus prepared present a very great resemblance to human flesh, both in color, texture, and translucency. They are very easily painted, and form an admirable ground work for the depiction of skin diseases. As to their durability, I cannot speak with certainty, having none which have been made more than ten months. It is very necessary to keep them in a dry place.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——One of the most annoying of children's diseases is incontinence of fæces. A successful method of treatment of it is described by Dr. Geo. B. Fowler, of New York City, in a late reprint. The method is by suppositories of ergot. This is a hint well worth remembering.

——Prof. Chassaignac used to use his écraseur for fistula in ano, and in a late reprint the practice is advocated by Dr. J. M. F. Gaston. Although most surgeons dissent from his views, he gives various good reasons why, in many cases, it is the best practice to have recourse to this instrument.

——Walsh's "Call Book and Tablet" is a conveniently arranged visiting list for physicians, the present edition, for 1883, having been carefully corrected and improved in various particulars. It is durably bound in Russia leather, and of commodious size. Published by Dr. Ralph Walsh, Washington, D. C.

——Probably none of our chemists have given equal attention to the analysis of water as Mr. Reuben Haines, of Germantown, this city. His essays on that subject deserve the careful study of sanitarians, hygienists and chemists. His latest is entitled "Notes on Water Analysis," and in the form of a neat reprint can be had of the author.

——The Progress Pub. Co., of Cincinnati has begun the publication of a serial work, entitled, "Pathological Anatomy, Pathology and Physical Diagnosis." By J. A. Jeançon, M.D. It is in large 4to form, and is to have one hundred full-page illustrations and 100 pp. text. It will be sold to subscribers at $1.00 per part, and will be complete in 25 parts. Part I, which has been sent us, promises extremely well, both in text and illustrations, the latter being accurately drawn and excellently colored.

——Dr. John V. Shoemaker, of this city, has been making some fruitful studies in therapeutics, for which he merits the thanks of the profession In three reprints before us he treats respectively of the therapeutic action of potassium chlorate, the treatment of syphilis with subcutaneous sublimate injections, and the oleates and oleo-palmitates in skin diseases. The last mentioned is particularly interesting, and we can speak from experience of the value of several of the recommendations it contains. These reprints can be had of the author, 1031 Walnut St., Phila.

BOOK NOTICES.

The Diseases of the Liver, With and Without Jaundice, with the Special Application of Physiological Chemistry to their Diagnosis and Treatment. By George Harley, M.D., F.R.S., etc. Phila.: P. Blakiston, Son & Co. 1883. 8vo, pp. 751, cloth. Price $5.00.

Dr. Harley has long stood among the leaders of the profession in London, and for many years has studied hepatic diseases with peculiar attention. Twenty years ago he brought out a treatise on jaundice, which was highly appreciated, and in the present volume sums up the results of his wide observations on all the affections of the organ involved in this disease.

His especial point, as indicated in the title, is to bring prominently forward the relations of physiology to the forms of disease. Too exclusive attention, he thinks, has been paid to pathology. It has been regarded as a science apart. The great truth has been overlooked that the same fundamental laws regulate the phenomena both of health and disease.

With this as his guiding principle, he approaches the complicated problem of "liver complaints" and "biliousness" with a much stronger hand than his predecessors in that field. Afflicted as many districts of our country are, with many and puzzling forms of these maladies, we believe Dr. Harley's volume will be a welcome addition to many a library.

He starts out with a clearly worded chapter on the chemistry, physics and physiology of the liver. discusses the etiology of jaundice, describes in general terms the signs and symptoms, the treatment and remedies of hepatic disease, and then passes on to take up, one by one, the particular maladies of the organ. A special chapter is devoted to the gall bladder.

The last chapter is entitled "general hints to aid in the diagnosis and prognosis of diseases of the liver," and is, we venture to say, the most useful of any writings on this subject, of equal extent, in our language.

Two chromo-lithographs and thirty-six wood cuts illustrate the work.

The publishers announce that this edition is published by special arrangement with Dr. Harley, and is the only authorized American edition. Readers may make a note of this.

Sanitary Houses and How to Select One. By F. A. Bond, M.B. Edin. Univ. London: Kegan, Paul, French & Co. 1882. pp. 60. Price one shilling.

The great want of interest displayed by the average American citizen in matters pertaining to the science of hygiene is truly disheartening. It is not so much their fault as their misfortune, since they have not been taught to appreciate its beneficent value. That they must be so instructed is a foregone conclusion, since hygiene is the most progressive of all sciences. This little work before us we can commend as a safe guide to put into the hands of the average man or woman looking for a home. It is short, concise, and contains much excellent advice.

How To Make the Best of Life. By J. Mortimer Granville, M.D. Boston: S. E. Cassino, 1882. fol. 96. Price 50 cents.

Dr. Granville has written several small popular works on the preservation of health, and if they are all as meritorious as the little one before us, we can recommend them as worth the price asked. The subjects treated of in this book are, "Health," "Feelings," "Breathing," "Drinking," "Eating," "Over-work," "Change," etc. While, from the size of the book, all these subjects are necessarily but cursorily discussed, yet the average intelligent man will find some very useful hints to aid him in the warding off of disease.

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THE HIGHER EDUCATION OF WOMEN.

There is a professional, as well as a popular, aspect of this question, which is at present agitating our community; there is a physical, as well as a moral, question to be considered in deciding this problem. In a general way, it must be said that women have just as much right to receive a scientific education as have men; we are all human beings, made upon the same fundamental plan, and it would seem unjust to deny to any one sex, as a sex, that education which is the lever that lifts the human animal above the brute creation.

But, will it be really to the ultimate benefit of women to receive this higher education? To those who are physically and mentally capable of receiving it, we must answer in the affirmative. That there are so few women to be found in the sphere of public intellectual life, does not, we think, argue their natural unfitness for such positions, but is rather the direct result of the denial of opportunities to acquire the necessary qualifications to properly fill such positions.

No matter what opportunities may be offered to women, the proportion which they will hold to men in the scientific world will ever be very small.

We trust that we will be pardoned (for we mean no disrespect whatever) when we say that it is not the *true womanly* woman, but rather the *masculine* woman, who hankers after this higher education. We are speaking in all sincerity, from a scientific standpoint, and mean no disrespect to any one.

We clearly recognize two distinct types of womanhood, between which all degrees of each are to be found.

On the one hand, the timid, confiding, trusting woman, who, after completing her school or convent education, soon comes to realize that her mission in this world is a *domestic* one, with all the mingled trials and pleasures which that word implies.

On the other hand, we see the self-confident, self-asserting, self-reliant, fearless, masculine woman, who feels irresistibly impelled to push forward into the realms of science, and for whom the domestic duties have but a secondary attraction.

These two types are both admirable; the one lovable, the other grand and noble.

The first never gives a thought to the "higher education of women;" the second desires and demands it.

Let her have it. If she be capable, she will make her mark; if she be not, Darwin's beautiful law will come into play, and she will disappear.

In a word, the number of women who demand scientific education are comparatively few; they possess many masculine characteristics, and are entitled to masculine privileges. If you give them the chance they may, perhaps, fulfill their earthly mission; if you deny them, you do them an injustice, by refusing a request the granting of which could do them no harm. Therefore again we say, grant their request.

CHOLERA.

Fore-warned is fore-armed. It may not come, but no one can say so, absolutely, and it is always well to be prepared for danger.

Cholera is now very prevalent in the Eastern Archipelago. In 1832 and in 1847 this dreaded disease traveled in a westward direction across Afghanistan, Persia, Syria, and the Valley of the Danube. Fears are now entertained in France that the disease may take a shorter course, up the Red Sea and through the Suez Canal into the Mediterranean. If it does, the greater part of Europe will be in danger, and if the disease gains a foothold there, look out for its appearance in our own country.

But what shall we do? the old, old, question often asked, repeatedly answered, and as often disregarded. Does it not seem strange?

In a word, we have it in our power to absolutely prevent the introduction of this plague into our country, even though it should devastate all Europe.

This preventive power lies in two words which are the foundation stones of all sanitary science, viz: *disinfection, isolation.* Disinfection means cleanliness, for a *clean* place can contain no germs of disease. Isolation really means thorough and efficient quarantine. Stir up the scavengers in your neighborhood; they are a remarkably lazy set, and soon fall into inactivity, unless continually spurred on to work. The country must be cleaned (we mean the filthy cities of this country), and our authorities must be on the watch, alert, to catch the first reports of the disease in Europe and to immediately institute the strictest quarantine, isolation and disinfection. We trust the disease will not attempt to visit us, but if it does, let us be prepared to give it the cold shoulder.

TRAINING SCHOOLS FOR NURSES.

The Washington Training School for Nurses held its fifth annual meeting, in Washington City, a short time since. Dr. J. M. Toner presided. In his address he vividly described the high duties of professional nurses, and paid a glowing tribute to Florence Nightingale. There are now eighteen training schools for nurses in the United States, the two oldest of which exist in Philadelphia, viz.: The Philadelphia Lying-in Charity and Nurse School, founded in 1836, and the Nurse's Training School of the Woman's Hospital, founded in 1863

The importance of professional nurses cannot be overrated and, we fear, is but very imperfectly appreciated.

The average physician comes into contact with them only when he meets a monthly nurse in a case of midwifery, when, partly through early prejudice, and partly on account of the fact that the majority of these women are absolutely destitute of all that goes to make a good nurse, he conceives a violent dislike to the whole class.

While this feeling is natural, it is unfortunate, because, were things as they should be, it would be unnecessary.

Some of these monthly nurses are really very good, worthy and efficient persons, and it is to make *all* such, that training schools are designed.

Every physician realizes and admits the great advantages to be derived from capable nursing; indeed, we look upon it as the greatest accessory to our art, even, in many cases, as an indispensable necessity for the successful termination of sickness.

But where to procure this trained assistance, is the problem that has long bothered many physicians.

To supply this want, training schools exist, and that they may be successful in their missions, they must receive the hearty and active coöperation and support of the profession.

NOTES AND COMMENTS.

An Easy Method to Discover the Tubercle Bacilli in Sputa.

Prof. Baumgarten has just published in the *Ctbl. f. d. Med. Wiss.*, 25, 1882, the following easy method to detect in the expectorated matter of phthisical persons the pathogenic tubercle bacilli.

Phthisical sputa are dried and made moist with very much diluted potash lye (1 to 2 drops

of a 33 per cent. potash lye in a watch glass of distilled water). The tubercle bacilli are then easily recognized with a magnifying power of 400 to 500. By light pressure upon the cover-glass the bacilli are easily pressed out of the masses of detritus and secretion. To prevent, however, the possibility of mistaking the tubercle bacilli for other septic bacteria, or vice versa, the following procedure is necessary: after the examination just mentioned, the cover glass is lifted up and the little fluid sticking to its under side allowed to dry, which is done within one or two minutes. Now the cover-glass is drawn two or three times rapidly through a gas flame; one drop of a diluted (but not too light) common watery anilin solution (splendid for this purpose is the watery extract of a common anilin ink-paper) is placed upon the glass. When now brought under the microscope all the septic bacteria appear colored intensely blue, while the tubercle bacilli are absolutely colorless, and can be seen as clearly as in the pure potash lye. We may add, however, that Klebs considers his own method preferable.

As the whole procedure does not take longer than ten minutes, it is to be recommended in general practice. The consequences of Koch's important discovery become daily more apparent, and their application more practicable.

Sloughing of Bowel—Spontaneous Recovery.

Dr. T. Sumter Means reported a case that well illustrates the reparative power of nature, at the last meeting of the South Carolina Med. Ass. (*Transactions*). The patient was crushed between cars, receiving a contusion of the abdomen, which, when seen (eleven days later), was much distended and discolored. About the junction of the ilium and cæcum there was a small opening in the abdominal wall, through which the nurse thought she had noticed an escape of bubbles of gas. On removing the plug from this opening there was a discharge of about a teacupful of fecal matter. His bowels had been freely moved several times by a mercurial cathartic. Carbolic acid dressing, with light poultices and McMunn's elixir, to control peristalsis, constituted the treatment. The knees were kept drawn up, to relax abdominal muscles, beef essence and milk punch, but no solid food was allowed. For a few days the rent grew larger, until it was one inch in diameter, and the fecal matter continued to be discharged for twelve days, when a scab formed that closed it. After about three weeks his bowels were opened by enema, and he continued to improve until, in three months from receipt of injury, he was completely recovered.

Brain Syphilis.

Dr. Brandies presented recently to the New York Society of German Physicians (New York *Med. Jour.*), a young man who had contracted a chancre six years previously. He presented undoubted evidences of having had secondary syphilis. About six months since he had an epileptic seizure, and subsequently two more such attacks. The patient complains of deafness and vertigo. On examination both ears were found affected with otitis media. In walking, a lack of co-ordination of movements was noticeable. Great improvement has taken place under the use of iodide of potassium. The hearing became much better, and the patient could walk for some distance with closed eyes. Dr. Jacoby believed this to be a case of brain syphilis, and he was inclined to locate the lesion in the rhomboid fossa, near the exit of the acoustic nerve.

The Respirator in Syphilis.

Dr. W. S. Oliver thus writes in the *Lancet*:—

The treatment of syphilitic ulcers of the tongue, mouth, and fauces by respiration of iodine and carbolic acid, etc., has proved so successful in numerous instances which have come under my notice of late, that I am desirous of giving it publicity in your columns. For the past two years this form of syphilis has been peculiarly prevalent in this command, and, as usual, proved so tedious of cure, and so liable to recur under the ordinary treatment, constitutional and local, generally adopted, that I decided this year to test the efficacy of the "respirator," and I was gratified to find that the results, in all instances, were most satisfactory. The period of trial is as yet too brief to furnish reliable evidence of the constitutional and permanent effects of this treatment; but certain it is that locally its action is most prompt and palpable, all ulcers assuming a healthy appearance generally in forty-eight hours, and wholly disappearing in ten or twelve days. Immediate relief is also afforded from any panic or discomfort previously caused by the disease. After free purgation the only treatment needed is the use of the "respirator" for four hours daily, two morning and evening, after breakfast and tea. The solution I generally use is Coghill's combination of iodine, carbolic acid, and creasote, and I prefer oakum as the mate

rial for its retention. The form of "respirator" I have adopted is one I have devised myself, and is furnished with a detachable perforated diaphragm, which admits of its being thoroughly cleansed and purified for use in different cases.

Pathology of Sympathetic Inflammation.

By the anatomical examination of a series of eyes, when the morbid condition of one caused a sympathetic affection of the corresponding organ, Dr. W. C. Ayer's (*Arch. f. Augenhlkd.*, xi, 3) comes to the following conclusions:—There are two ways by which the sympathetic processes may be transferred, one is the optic neuritis, the other the cyclitis, or both act at the same time. Those eyes which induce the sympathetic lesion within the first 15 to 20 days, transfer first the pathological condition to the optic nerve of the eye sympathetically diseased; in the other cases, where the ciliary nerves establish the transfer, the sympathetic affection usually appears later. In nearly all such cases A. was able to demonstrate the transfer of the morbid lesion by the ciliary nerves. In the eye first diseased, always a pathological change of these nerves were found under such circumstances.

The Abortive Treatment of Gonorrhœa.

Dr. Beresford Ryley, writes to the *Lancet* on this subject. He reasons first, that two diseased surfaces in constant and close apposition with each other are unfavorably placed for recovery, therefore he separates the walls of the inflamed urethra by injections of hot water retained for twenty minutes or longer, which he accomplishes by the aid of a simple spring forceps to hold the extremity of the penis. Secondly, the gonorrhœal discharge must perpetuate and increase the inflammatory stage, therefore the injections when frequently used will have a salutary effect in this direction. Thirdly, it being well known that hot fomentations and applications are soothing and emollient in all inflammatory conditions, it follows that these hot injections and hot baths and the application of flannels wrung out of hot water must be beneficial.

And, lastly, certain drugs that have a styptic effect upon the genito-urinary mucous tract are plainly indicated. But experience proves that they can only be administered with benefit after the more acute symptoms have subsided. I therefore give the liq. copaivæ comp. when that stage has been reached, which is generally the case within a few days under the treatment indicated, and at the same time add three drops of liq. plumbi to each ounce of the injection, which must now be made with distilled water, and used less warm, or altogether cold. In some cases weak injections of nitrate of silver or chloride of zinc may now be of great use. I need scarcely add that the regimen, alimentary and medicinal, must be strictly non-inflammatory in the acute stage. Will you permit me to say, in conclusion, that I think the *modus operandi* of Mr. Cheyne's treatment and mine is very much the same—viz., separation of the walls of the urethra, dilution of the discharge, and lubrication of the inflamed surfaces with the cocoa-butter bougies. His objection to injections, that their effects "are only momentary," cannot apply to the manner in which I recommend them.

Subnitrate of Bismuth for Cancrum Oris.

Dr. C. J. McGuire, of New York (*Medical Gazette*), claims specific action for the local application of subnitrate of bismuth for cancrum oris.

Nineteen children were attacked with the disease. Dissatisfied with the results of his treatment in the four first cases, he determined to try the effects of subnitrate of bismuth applied externally to the affected parts. The result was the immediate improvement in the appearance of the ulcers, and eventually a complete cure. From the first appearance of the disease in the institution up to the present time 24 cases were treated, including the 4 that proved fatal; out of 20 cases treated with subnitrate of bismuth only 1 resulted fatally.

Special Reports.

NO. X.—OPHTHALMOLOGY.

BY CHAS. S. TURNBULL, M.D.,

(*Continued from p. 475.*)

Michel Jul. *Affections of the Eye from Disturbed Circulation in the Carotid.* (*Beiträge zur Ophthalmologie. Festgabe zur Feir des 25—jährigen Jubilaums von Horner Weisbaden*, 1881.) If a carotid artery be compressed in a man, a paling of the papilla of the corresponding side, a fainter column of blood in the arterial vessels, and a diminution in width of the venous retinal vessels, may be observed for a short time. The stage passes quickly, and great venous stasis and absence of venous pulsation show themselves. A similar venous stasis of the retina is visible when one arm is stretched upward. Ligation of one carotid is followed, immediately

after the operation, by complete arterial and venous anæmia; later, by filling of the collateral channels; but a venous hyperæmia persists, on account of the diminution of arterial pressure.

The alteration is observed in the eye corresponding to the ligated carotid. In the venous system of the side opposite to the ligated vessel, a stronger rhythmical pulsation can be seen. Atheroma of the carotid is in intimate relation with opacities of the lens; the so-called senile cataract, as well as unilateral cataract with unknown cause. finds in this a satisfactory explanation. (*Arch. f. Ophthal.*, Vol. xi, No. i.)

Noyes. *Cure of Cataract by Electricity.* (*Amer. Ophth. Soc.*, at Newport, 1881, July 27th, 28th.) A seeming cure of cataract by electricity proved to be a case of choroiditis, in which, under electrical treatment, flakes in the vitreous had disappeared. (*loc. cit.*)

Sorokin. *Parasitic Growths in the Eye. Der Arzt.* No. 16. The forms observed by Förster and Gräfe do not belong to leptothrix. In the cornea of an eye which had perished from panophthalmitis, he observed long, thin, opaque filaments; they are thicker than those of leptothrix buccalis, and show a tendency to twist themselves lengthwise around each other, or to assume a curved form. Attempts at cultivation failed, excepting in human blood; here the filaments lengthened, gathered themselves together in a curved form, showed transverse marks of segmentation, and divided into two to five pieces of different length; the process lasted from twenty-five minutes to one hour. The new pieces congregated, and thus formed additional bundles. This is a new form, *leptothrix oculorum* Sorokini. In an eye effected with panophthalmitis after iridectomy, and also in an existing catarrh of the lachrymal passages, he found filaments dividing dichotomically, having a thickness of 2 or 3 division marks of the micrometer; they also exhibited transverse division, and thus formed widened rings. The twigs branch off only where there are transverse divisions. Besides these, there were folds of cells of various size and shape. All attempts at cultivation failed. (*loc. cit.*)

Wolfe, J. R. *On Artificial Pupil. Medical Times and Gazette*, June 1, 1881, p. 611. In a lecture delivered at Anderson College, W. gives the indications for the operation, and among the contra-indications, says that in occclusion from specific iritis no operation should be attempted till twelve months after all disappearance of irritation in the eye.

During the twelve months' interval the patient must be kept on iodide of potassium and mercury. He described the operation and points of selection. He deprecates the employment of iridotomy. (*loc. cit. Fitzgerald.*)

Theobald. Remarks upon the use of *Duboisia in Ophthalmic Practice*, with report of a case in which *alarming constitutional symptoms* followed its application to the eyes. *Maryland Med. Jour.*, vol. viii. T. thinks the toxic action of the drug more likely to manifest itself in an uninflamed eye than in one that is inflamed. Its unpleasant effects are manifest within an hour after it is applied to the eye. (*loc cit. Swan M. Burnett.*)

Haab. *Anatomical Examination of an Anophthalmus, at the age of* 27. Ophthalmological contributions on the occasion of the Jubilee of Horner. Weisbaden, 1881. The ocular muscles normally developed; the globes appeared as small nodules the size of a bird-shot; the optic nerves were delicate, thin threads, the orbits of normal size. Sclerotic, choroid, pigment epithelium, retinal elements, and vitreous could be demonstrated in the eye, but no conjunctiva, cornea, iris, ciliary body and lens. The optic nerve consisted only of connective tissue. The optic tracts could be followed as white strings up to the corpus geniculatum internum. The corpus geniculatum externum was absent, the pulvinar thalami optici distinctly smaller. The thalamus and corpora quadrigemina could not be distinctly traced. (*loc. cit.*)

Hirchberg. *Coloboma and Microphthalmus. C. f. A.*, September. Congenital microphthalmus is in some cases combined with amaurosis, opacity of the lens, diminished tension, cyclitis and coloboma of the iris. Hirchberg has observed four cases of this kind. (*loc. cit.*)

Leydig. *The Eye-like Organs of Fishes.* Bonn, 1881. Certain spots upon the ventral surface of some sea-fishes, which by Leuckart had been explained as secondary eyes, are not taken as organs of special sense by Leydig, who supposes that they are allied to the spendo-electrical or electrical organs of other fishes. (*loc. cit.*)

Michel. *Iris and Iritis.* G. *Arch. f. Ophth.*, vol. xxvii, 2. I. Histology. The proper substance of the human iris is enclosed between two membranes; the anterior limiting membrane is a delicate layer of endothelial cells; the posterior one consists of peculiar cellular elements; upon its posterior surface is a pigment layer of nearly round, irregularly arranged, pigmented cells. Behind the endothelial membrane is a layer of anastomosing cells, interspersed with

lymphoid cells, and resembling the reticulated structure of the lymphatic glands; for this reason Michel calls it the reticulated layer. Behind this layer, and partly projecting into it, is a radiating trabecular arrangement of connective tissue fibres; these trabecles support the numerous blood vessels and nerves; they are covered with flat cells, and the spaces between the trabecles and between these and the posterior limited membrane, are filled with a reticulum of cells, arranged in a similar manner as in the reticulated layer. For this layer Michel proposes the name "vascular layer." From in front, backward, the iris consists, therefore, of the following layers: 1, anterior limitans (endothelial membrane); 2, reticulated layer; 3, vascular layer; 4, posterior limitans; 5, pigment layer. From its histological elements, the iris would appear to be a modified glandular structure. The system of lucunæ are lymphatic cavities in which the nutritive material, filtered from the blood vessels, is collected; the anterior chamber is a large lymph cavity. II. Development. 1. In the human embryo, the development of the sphincter portion takes place very early; that of the ciliary portion at the end of the sixth month. 2. The pupillary membrane is a pellicle which contains nuclei, epithelial cells and blood vessels; the latter two disappear, and the pupillary membrane becomes the endothelial layer upon the anterior surface of the iris. 3. At a certain period of fœtal life there is a fold in the ciliary portion, the plica iridis. If the two opposite surfaces of the pupillary membrane are not separated, the so-called membrane pupillaris perseverans will be formed. 4. At a certain period of fœtal life the posterior portion of the iris shows three layers: the pars ciliaris retinæ, the pigment layer, the limiting membrane. The pars ciliaris retinæ becomes pigmented and disappears. 5. The pigment layer and limiting membrane send projections into the sphincter portion; the largest and most strongly pigmented projection is at its peripheric portion, the so-called pigment spur. 6. During embryonic life smooth muscular fibres cannot be demonstrated in any part of the posterior limiting membrane. 7. During the last months of embryonic life, and in the new-born, the posterior portions consist of only two layers, the pigment layer and the limiting membrane. 8. The limiting membrane must be taken as a continuation of the primitive limitans retina. 9. The projections from the posterior limiting membrane into the sphincter are the connective tissue septa, which separate the bundles of the muscle. The pigmentation of the so-called stroma of the iris is of post-fœtal development. (*loc cit.*)

Ogneff. *Histiogenesis of the Retina. Centralblatt, f. d. Med. Wissenschr.*, No. 35 1. In the earliest stages (rabbit's embryo) the retina consists throughout of spindle-shaped cells with oval nuclei and a narrow zone of protoplasm. From both ends of the cells, which lie on a different level, both inward and outward, are processes which are vertical to the outer surface of the retina, and which pass through its entire thickness. Here and there upon the outer surface of the retina are large transparent elements with limiting membranes which are not found at this stage. 2. The next changes are that the innermost cells become divided, larger and rounder. Their nucleus becomes more distinct, and they send off several processes which again form multiple ramifications. The processes, which run inward, and of which each cell sends off one only, turn and take a course parallel to the inner surface of the retina. They are the first indication of the layer of nerve fibres. The outermost layer of cells is distinguished by thick, at their inner end, and foot-like projections; these elements are the embryonic Müller's radical fibres. The formation of the nerve cells and of Müller's fibres is therefore one of the first embryonic changes in the retina. 3. Then between the nerve fibres and the spindle-cells above them there appears a small stripe, the first indication of the molecular layer. At this period the layer consists of numerous processes of the nerve cells, of the straight columns of Müller's fibres and of processes of the spindle-cells and numerous very small granules. 4. The layers become more and more developed; especially the molecular and nerve cell layers become more sharply defined and thicker. Free nuclei and roundish cells appear in the molecular layer. The differentiation of the retinal layers becomes completed by the formation of the rods, and of the two layers and granules. The rods are processes of the outermost layer of cells, which grow beyond the outer limiting membrane. The retina of the mammalia shows the same process of development as that of the birds and batrachia. (*loc. cit.*)

Wälchli. *Microscopical Examination of the Colored Globules in the Retina of Birds. G. A. f. Ophth.*, vol. xvii, 2. There are three kinds of coloring matter in the globules, sphærorhodin, sphæroxanthin and sphærochlorin. (*l. c.*)

Wall. *Congenital Absence of the Eyeballs.* N. Y. *Med. Rec.*, March 26, 1881. T e appendages of the eyes and the lachrymal glands were present. (*l. c.*)

Wetschtamon. *An Anomalous Structure of the Human Eye. Aerztliche Zeitung*, Nov. 1881, No. 36. Absence of both irides. Both eyes turned in and up. (*l. c.*)

Wiethe. *A Case of Congenital Deformity of the Papilla. Arch. Ophthal.*, vol. xi, No. 1. The papilla showed two dark elliptical depressions. (*H. Magnus, l. c.*)

Deutschmann. *On the Physiological Chemistry of the Fluids of the Eye. Arch. f. Ophth.*, vol. xxvii, 2. In the fresh aqueous humor there is 0.03 of albumen. In the vitreous there is much more than in the aqueous. It increases in both after death, more rapidly in the aqueous. (*l. c.*)

Pflüger. "Internat. Ophth. Congr. in Milan," p. 197. Atropine reduces the intra ocular tension. Eserine increases it, also the continuous current. Experiments to be continued. (*loc. cit.*)

Butz. Preliminary communication on the examination of *Physiological Functions of the Periphery of the Retina. Arch. f. Anat. und Phys.*, Phys. Department, 1881, vol. 5. The sensibility to light of every wave length increases from the centre toward the periphery up to 30°, then decreases more or less rapidly, according to the kind of light. The increase in the sensibility to all kinds of light varies; in the most peripheric part of the retina it is highest for violet and lowest for red.

Goltz. *The Functions of the Cerebrum. Gesam. Abhand.* Bonn, 1881. The supposition of circumscribed centres in the cerebral cortex, with special functions, is untenable, consequently there is no part of the cerebrum which is distinctly set apart for vision. The visual disturbances which occur after traumata to one side of the cerebrum are symptoms of a general dullness in all the senses, and are caused by a general intellectual dullness. Goltz proposes the term cerebral diminution of sight, or cerebral amblyopia. (*l. c.*)

Landolt. *The Functions of the Retina. Arch. d' Ophth.*, vol. 1, 3. The retina has three functions, the perception of light, color and form. That of light is distributed over almost the whole retina equally, only in a small part around the fovea centralis it is somewhat greater. Perimetrically it extends outward 100°, inward 60°. The color perception decreases rapidly toward the periphery, but by higher intensities of light, colors are recognized to the limit of the field of vision. Perception of form decreases rapidly toward the periphery, so that at 50° from the point of fixation they are no longer recognized. The cause is want of practice. (*l. c.*)

Parent. *Optometry, Ophthalmoscopy and the Inverted Image. Rec. d' Ophth.*, 1881, Sept. Refraction can be determined in the inverted image in two ways. (1) By gradually moving the object lens to or from the eye, and noticing the change in the size of the image. In emmetropia it remains the same, whether the lens is held nearer to or further from the eye. In hyperopia the size of the image decreases when the object lens is removed from the eye examined. In myopia it increases under the same conditions. (2) By observing the parallactic displacement in comparison to a certain amount of upward motion of object lens. If we move the lens in the vertical plane, the image changes as follows: in emmetropia to an equal extent, in myopia to a lesser extent, in hyperopia to a greater extent. If we place certain glasses before the eye examined, and make these experiments, we can almost tell the amount of the anomaly of refraction by trying until the motions correspond to what they should be in emmetropia.

Schön. *Venous Pulsation in the Retina. Klin. Monasbl. f. Augenheilk.*, p. 345. 1. Venous pulsation is a phenomenon of impediment. 2. The exit of the usual quantity of venous blood is diminished by depression. 3. The pulsation is brought about by arterial pulsation. 4. The region in which this happens must include the optic nerve up to the lamina cribrosa. (*l. c.*)

Bjernum. *Hemianopia for Colors. Dansk. Hosp. Tidende*, January 18, 1881. Total color-blindness in the left half of the field. The margin passed precisely through point of fixation, in a vertical direction. There was an acute brain trouble; at least, the patient complained of a severe headache, and died suddenly. He was 39 years old. Unfortunately there was no post-mortem. Bjernum cites this case in upholding a theory of the existence of a color centre. (Samelsohn reported a similar case in November of last year.) (*l. c.*)

Brailey. *Report* of the Committee of the Ophthalmological Society *on Color-blindness.* Trans. Ophth. Soc., vol. 1, p. 191. *British Medical Journal*, April 23, 1881. *C. f. A.*, Sept., p. 289. There were 18,088 patients examined, 16,431 men, and 1657 women—with Holmgren's test. Of the men, 949 were Jews, showing 4.9 per cent., and 491 Quakers, showing 5.9 per cent.; 145 deaf mutes with 13.7 per cent. of color blindness. Of the remaining 14,846 men (of all conditions) there were 3.5 per cent. color blind.

Among the women there were 730 Jewesses

with 3.1 per cent., 122 deaf mutes with 2.4 per cent., and 216 Quakers with 5.5 per cent. Among the remaining 489 women, 0.4 per cent. were color blind. The unusual number among women is explained by the fact that Brailey says that in them it was not very pronounced. It was first doubted in the reference in the *Centralblatt* and absolutely contradicted by Cohn, of Breslau, that such a difference is found between the higher and lower classes, as Brailey says that in the lower class he found 3.7 per cent., and in the higher only 2.5 per cent. All who could not distinguish the paler shades were classed as slightly color blind; those who confounded red and green as pronounced. There were 615 of the latter class, and three cases of total color blindness. It was very seldom that blue and violet were mistaken for one another. Those who compared pink with deep blue, or violet and scarlet with dark green, were considered red-blind. Those who compared pink with gray or green, and scarlet with light green or light brown, were considered green-blind. The red-blind had no perception of light coming from the distance through a red glass, while those who were green blind distinguished it perfectly. Red blindness appears to be somewhat more frequent than green blindness in England. The intelligence of the person had no connection with the color perception. It was hereditary. (*l. c.*)

Donders. *Color Blindness. An. d' Oc.*, Sept., 1881. *A. f. Ophth.*, Vol. xxvii. 1. The first part is principally historical. He argues against Hering's theory, and also for the separate condition of a red and a green blindness. There are four primary colors, red, yellow, green, blue, and 6000 color impressions.

Dor. *Perception of Colors.* "Intern. Med. Congr.," in London. *Arch. Ophthal.*, x, p. 339. The perception of colors takes place in the brain or optic nerve, but not in the retina.

Dor. *Concerning Our Knowledge of Daltonism.* "Intern. Ophth. Congr.," in Milan, p. 179. Discusses the priority of Holmgren's method. As early as 1859 he used a similar method, employing the same test colors. Since he did not publish it, Holmgren could not have known it. He rejects the classification into red, green, and violet blindness, and admits five kinds: total color blindness, red-green blindness, with normal or shortened spectrum; blue-yellow blindness, with normal or shortened spectrum. Holmgren's method is not a certain one. Rejects the Young-Helmholtz's theory. Delbœuf's cure for color blindness is in reality no cure. (*l. c.*)

De Fontenay. Om Faveansquesler. Hospitals-Tidende, July 28, 1881. Recommends a systematic education of the color sense in school, and in his Kontrol Med. Faveblindheden. Hospitals Tinende, Sept. 14, 1881. He examined 2737 men, finding 3 per cent., and 502 women, with 0.6 per cent. of color blindness, in railroad employees. (See another paper by the same author, based on the examination of 9659 persons. *Archives Ophthal.*, Vol. x, p. 8, etc.)

Jâger. *Method of Educating and Developing the Color Sense. Natur*, No. 47. Recommends the system of Magnus. (*l. c.*)

Jeffries. *On Some Points in Regard to Color Blindness, Journ. of Nervous and Mental Disease*, July, 1881. Contests the assertion of Bannister, that color blindness can have no practical bearing in railroading, it being a well-known fact that color-blind people can perfectly distinguish colored signals. (*l. c.*)

Macé et Nicati. Contribution to the Study of the Visual Field, for Color. *A. d' Ophth.*, vol. 1, p. 506. A red, a green, and a blue glass is held successively before the eyes, and is determined how for a while a white piece of paper can be distinguished on the perimeter. The field for red is most contracted on gradually diminishing the intensity of light. Atrophy of the optic nerve and glaucoma show the narrowest field for red, by good illumination; and also the most pronounced reduction of central vision, when a red glass is held in front of the eye. In alcoholic amblyopia the central scotoma for red the most pronounced.

Pierd Hony. Une visite aliénée de la province à Mombello. Internat. Ophth. Congr. in Milan, p. 162. In Italy Daltonism is not so frequent as in Northern Europe. This is due to climatic and geographical influences, and also to the great vocabulary of words denoting colors. Among 900 insane persons there was not one case of Daltonism. Violet was the color, distinguished with most difficulty. A majority of those suffering from melancholia shrank from bright colors. (*loc. cit. W. C. Ayer's Transl.*) T.

CORRESPONDENCE.

A Tedious Case of Labor.

ED. MED. AND SURG. REPORTER:—

At 10 o'clock, P.M., Nov. 8th, I was called to attend Mrs. B., who was about to give birth to her fourth child. She is naturally a very large woman, and exceedingly fleshy, weighing about 300 pounds. I found her in considerable pain. The waters had escaped before my arrival. Upon making an examination I was thunderstruck to find how little work nature had done

to prepare this woman for labor. The vagina was small, its walls tense and hard, and the ordinary dilatation and relaxation of the parts *non est*. With much effort I made out to reach the os, and found it hard and but little dilated. Her pains were short and seldom. I made preparations to wait and see what the *vis naturæ* would do. From time to time I examined her during a pain, and at 1 o'clock, A.M, found the os dilated to about an inch and a half in diameter, through which I made out the presentation; head. The pains were now very severe and quite frequent, but of short duration.

I now sent for an old and experienced physician, Dr. Patton, of Skowhegan, who arrived at 4 A.M. He at once appreciated the gravity of the case, but said that he would like to wait awhile to see what progress was being made, before he adopted radical measures. We gave ether in sufficient quantities to make it easy for the patient. But time wore away and our patient was wearing out with pain and worry. The head had descended, face anterior, and was wedged up high behind the pubic bones. At my request Dr. Patton resorted to his forceps. He worked away for half an hour in an attempt to apply them. He could get them nearly placed when the head would slip away and we would have to wait for another pain to bring it back. Once or twice he made some traction, without having been able to lock the forceps, but to no purpose. The pains were feeble now and the woman moaning piteously, and the attendants and husband alarmed. I asked the Doctor to allow me to try the forceps, which he did. I gave his up and got my own, feeling that, being familiar with them I could apply them. Alas, it was not as easy as it appeared to be. But with hook and vectis I brought the head down where we could work better.

I now gave up the case to the Doctor and asked him to go ahead and I would assist, but did not wish to take the lead. After many attempts to deliver by the forceps, at 10 o'clock A.M., the Doctor called for my perforator and went to work with that. But the large skull seemed perfectly solid and no fontanelle could be found. Everything seemed wrong and now doctors, as well as the patient, were becoming exhausted. After an hour's work, after much boring, drilling, and turning, the thick skull parted and the instrument went into the cranial cavity. In a short time more we had the child. The cord broke off high up, and as I had the smallest hand I introduced my right hand into the uterus and delivered the after-birth. It was now nearly noon. The loss of blood was considerable, but not great. The child was a female and of large size and big head. There was one small fontanelle, but so small that it could not be detected only upon very close examination. I don't know how much the child weighed, as we could find no steelyards to weigh it and was not allowed to remove it from the house. I should think it safe to say 10 pounds. The head was very large, and the skull very thick, and the bones as well united as in a child a year old. I should never have got through with the case had it not been for the valuable aid rendered by Hon. S. A. Patten, M.D.

The woman, at this writing (Nov. 14th) is doing very well. Of course she is very sore and lame and on account of being so fleshy and heavy is hard to take care of and move. A few Dover's powders to insure rest, a mixture to guard against a rise of temperature and inflammation, and carbolic vaginal injections constitute all of the treatment up to the present time.

A. E. FARNHAM, M.D.

East Madison, Me., Nov. 14th, 1882.

NEWS AND MISCELLANY.

The Great Characteristic of Modern Medicine.

In the course of the Introductory Address at St. Thomas' Hospital, Mr. J. Seymour Sharkey said: "And now, gentlemen, if I were asked what is the great characteristic of modern medicine, I should say that it consisted in the union of anatomy, physiology, chemistry, physics, and pathology to form the compound science of medicine, and in the clear appreciation of their necessary inter-independence.

"There was a time, and that no so long ago, when most of these subjects were thought to have but little to do with the actual practice of our art; when physiology and pathology were talked of rather as subjects to be mastered by a few learned professors, to be more or less familiar to a certain number of leading practitioners, and to be all but ignored by the great mass of the profession. But things are so no longer."

Rides for Invalids.

From *The Boston Medical and Surgical Journal* we learn that a Boston Society engages itself in the work of providing free rides for invalids during the warm months. From last May to the present month 1343 persons were given rides. In addition, 1400 car tickets and 640 round tickets on the harbor steamers were distributed. A most excellent and wholesome charity, well worthy of imitation.

Cremation.

Dr. L. Ehrhart, a German physician, 75 years of age, of Allegheny City, was cremated in Dr. Le Moyne's furnace, at Washington, Pa., on Monday, Nov. 27th. This made the fifteenth cremation in the Le Moyne furnace, six of the bodies being from New York.

Items.

—The celebrated Prof. Friederich, in Heidelberg, died on the 6th of last month. His work on "Progressive Muscular Atrophy" belongs to those which make his name known the world over.

—Mr Clon Stephanos made several researches into the death rate in Greece during certain seasons, and has communicated to us the statistical results, which exactly correspond with the observations of Hippocrates on the same subject.

A Peculiar Case.

In Homer Bronson's garden, in Waterbury, was buried the arm he lost last August. He complained that the arm felt tired and cramped, but he experienced instant relief when, without his knowledge, the arm was exhumed and reinterred in a different position. Three times the severed limb has been moved, to give relief to the sufferer, and each time successfully.

The above we find reported in a reputable and reliable daily journal. An explanation we cannot give, but notice it in passing.

OBITUARY NOTICES.

PROF. HENRY DRAPER, M.D., LL.D.

Prof. Henry Draper died suddenly, in New York, Nov. 19th, 1882. Although only 45 years of age, he had already attained a foremost position in the scientific world. He was born in Prince Edward County, Va., his father being the distinguished chemist and physiologist. He graduated in medicine in 1858, and after a course of study in Europe, returned to New York and was attached to the staff of Bellevue Hospital. His predilection for scientific pursuits, however, induced him to relinquish the practice of his profession, although he occupied for some years the chair of Physiology in the medical department of the University of New York. He was a most enthusiastic astronomer, and perhaps his most remarkable achievement was the discovery of oxygen in the sun, which was made in 1877.

In 1872 Prof. Draper obtained a photograph of the diffraction spectrum, which has never been excelled. It comprised the region from below G. wave length 4350, to O, wave length 3440, on one plate. Small portions of the diffraction spectrum have since been taken on a larger scale, though none of them were veritable for determining the relative wave lengths of the fixed lines. Secchi, in his masterly work on the sun, used an illustration from this photograph of Prof. Draper's, and the British Association recognized its value by reproducing it and indorsing it as the best that had ever been taken. The transit of Venus, in 1874, afforded an exceptional opportunity for the display of perfected photography, and Prof. Draper, as its ablest exponent, was appointed superintendent of the photographic department by the commission which was sent out by this Government to observe the phenomenon. His work was so successful and so gratifying to scientific men, that it attracted the attention of Congress, which ordered a special gold medal to be struck off and presented to him. This was done, at the Philadelphia Mint. The memento bears the Latin inscription "Decori decus addit avito," "He adds lustre to ancestral glory." This was the first instance in the history of the United States, that any such public recognition was given by Congress to a scientist.

His death was due to a pleuritic affection, contracted a couple of months ago, when, on a visit to the Rocky Mountains, his party were caught in a severe storm. He was an ardent sportsman and very popular in a large social circle.

ISAAC B. MULFORD, M.D.,

died recently, at his residence in Camden, N. J., of paralysis of the heart. Dr. Mulford was born in Millville, N. J., in 1843, and was in the thirty-ninth year of his age. Entering the West Jersey Academy early in life, he completed his collegiate preparatory course at Monticello Institute, N. Y., and entered Princeton College in 1861, graduating with the degree of Bachelor of Arts in the Class of 1865. After the completion of the course at Princeton, he entered the Medical Department of the University of Pennsylvania, graduating as a Doctor of Medicine in 1870. Entering upon the practice of his profession in Camden, he soon gained the confidence and esteem of the community, and was regarded as one of the most cultured and successful physicians in Camden. He was a member of the Camden City Medical Society, ex-president of the Camden County Medical Society, member of the Medical Society of New Jersey, the New Jersey Sanitary Association, the American Academy of Medicine, the American Medical Association, and surgeon of the Sixth Regiment N. G., N. J. He was buried at Millville, N. J., on Friday.

DR. C. C. COX,

who had been successively Lieutenant-Governor of Maryland, Commissioner of Pensions, President of the Board of Health of the District of Columbia, and Commissioner to the Australian Exposition, died in Washington on Saturday night, Nov. 25th. He was a graduate of Yale College, and his literary attainments were considerable, some of his published poems having secured wide circulation. He leaves a widow, one son and a married daughter.

DR. JOHN S. WHILLDIN.

Advices from St. Paul, Minn., announce the sudden death, from heart disease, in that city, of Dr. John S. Whilldin, formerly of this city, and a son of Mr. Alexander Whilldin, the wool merchant. Dr. Whilldin was a graduate of the University of Pennsylvania.

QUERIES AND REPLIES.

S. D. P.—1. Puerperal fever is exceedingly contagious. 2. Yes. 3. No.

F. M. C.—Many articles and methods have been suggested to conceal the odor of iodoform. By reference to the REPORTER for April 29, 1882, p. 467, you will find what is probably the best.

MARRIAGES.

BATEMAN—LAWRENCE.—On Wednesday, Nov. 1st, by Rev. George L. Smith, E. R. Bateman, M.D. and Mary P. Lawrence, all of Cedarville, N. J.

BLAUVELT—DEDEREO.—On Thursday, Oct. 19th, at the residence of the bride's parents, Sparkill, N. Y., by Rev. W. C. Stitt, Gerritt Franklin Blauvelt, M.D., of Nyack, N. Y., and Julia Thompson, daughter of Isaac M. Dedereo.

DEATHS.

SANFORD.—At Ravenswood, L. Island, on Monday morning, Oct. 30th, 1882, Samuel T. W. Sanford, M.D.

TOWNSEND.—At Glen Cove, L. Island, on Monday, Oct. 30th, 1882, James C. Townsend, M.D., in the 80th year of his age.